



0006133182



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

**-FILED-**

File #: 0006133182

Date Filed: 3/2/2025 9:41:32 PM

| Certificate of Organization Limited Liability Company   |   |      |         |                      |                                      |
|---|---|------|---------|----------------------|--------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  | Standard (filing fee \$100)   |      |         |                      |                                      |
| 1. Limited Liability Company Name   |   |      |         |                      |                                      |
| Type of Limited Liability Company   | Limited Liability Company   |      |         |                      |                                      |
| Entity name   | DK Ranch Farms LLC  |      |         |                      |                                      |
| 2. The complete street address of the principal office is:  |   |      |         |                      |                                      |
| Principal Office Address  | 637 CASCADE LANE<br>NAPLES, ID 83847  |      |         |                      |                                      |
| 3. The mailing address of the principal office is:  |   |      |         |                      |                                      |
| Mailing Address   | 637 CASCADE LN<br>NAPLES, ID 83847-5386   |      |         |                      |                                      |
| 4. Registered Agent Name and Address  |   |      |         |                      |                                      |
| Registered Agent  | Registered Agent<br>Samuel J Dominguez<br>Physical Address:<br>637 CASCADE LN<br>NAPLES, ID 83847-5386<br>Mailing Address:<br>637 CASCADE LN<br>NAPLES, ID 83847-5386 |      |         |                      |                                      |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |   |      |         |                      |                                      |
| 5. Governors  |   |      |         |                      |                                      |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Katerina S Dominguez</td> <td>637 CASCADE LANE<br/>NAPLES, ID 83847</td> </tr> </tbody> </table> |   | Name | Address | Katerina S Dominguez | 637 CASCADE LANE<br>NAPLES, ID 83847 |
| Name  | Address   |      |         |                      |                                      |
| Katerina S Dominguez  | 637 CASCADE LANE<br>NAPLES, ID 83847  |      |         |                      |                                      |
| Signature of Organizer:   |   |      |         |                      |                                      |
| <i>Samuel j dominguez</i>   | <i>03/02/2025</i>   |      |         |                      |                                      |
| Sign Here   | Date  |      |         |                      |                                      |

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