







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004870417

Date Filed: 8/26/2022 10:25:11 AM

Type of Limited Liability Company Entity name The Real Force LLC  The complete street address of the principal office is: Principal Office Address Principal Office Address 3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  The mailing address of the principal office is: Mailing Address  Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  Governors  Name Address Fith Ops LLC  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  88/26/2022 Date	descriptions below)	y Company ed or Same Day Service (see	Expedited (+\$40; filing fee \$140)			
Entity name  The Real Force LLC  2. The complete street address of the principal office is: Principal Office Address  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  3. The mailing address of the principal office is: Mailing Address  4. Registered Agent Name and Address Registered Agent Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  S. Governors  Name  Name  Address  Fith Ops LLC  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Market Anton  8/26/2022 Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included: Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	. Limited Liability Company Name		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
2. The complete street address of the principal office is: Principal Office Address  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  3. The mailing address of the principal office is: Mailing Address  3375 N. ATLAS RD COEUR D ALENE, ID 83814-8873  4. Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S. RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name		ny				
COEUR D'ALENE, ID 83814  3. The mailing address of the principal office is:  Mailing Address  3375 N ATLAS RD COEUR D ALENE, ID 83814-8873  4. Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  1 affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors  Name Address Fith Ops LLC  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton Signature of Organizer:  Michael Anton  8/26/2022 Date  Print & Mail Enclosures  I understand the document can ONLY be filled if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	Entity name		The Real Force LLC			
COEUR D'ALENE, ID 83814  3. The mailing address of the principal office is:  Mailing Address  3375 N ATLAS RD COEUR D ALENE, ID 83814-8873  4. Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  1 affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors  Name Address Fith Ops LLC  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton Signature of Organizer:  Michael Anton  8/26/2022 Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	•	cipal office is:	2075 11 471 42 77			
3.75 N ATLAS RD COEUR D ALENE, ID 83814-8873  4. Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S. RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors  Name Address Fith Ops LLC 3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton Signature of Organizer:  Date  Print & Mail Enclosures  I understand the document can ONLY be filled if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	Principal Office Address					
Mailing Address  3375 N ATLAS RD COEUR D ALENE, ID 83814-8873  4. Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S. RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name	J. The mailing address of the principal off	ice ls:	The state of the s			
A. Registered Agent Name and Address Registered Agent Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S. RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name	- · · · · · · · · · · · · · · · · · · ·		3375 N ATLAS RD			
Registered Agent  Registered Agent  Desiree Jones  Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854  Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  Name  Address  Fith Ops LLC  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton  8/26/2022  Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.						
Desiree Jones Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S. RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name						
Physical Address: 601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors  Name Address  Fith Ops LLC 3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton 8/26/2022  Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	Registered Agent					
601 S. RIVER HEIGHTS DR. POST FALLS, ID 83854 Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name						
POST FALLS, ID 83854 Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name						
Mailing Address: 601 S RIVER HEIGHTS DR POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors    Name						
POST FALLS, ID 83854-9485  I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors  Name Address  Fith Ops LLC 3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton 8/26/2022  Sign Here Date  Print & Mall Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.			Mailing Address:			
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  5. Governors  Name Address Fith Ops LLC 3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton Sign Here Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.						
Name  Name  Address  Fith Ops LLC  3375 N. ATLAS RD. COEUR D'ALENE, ID 83814  Signature of Organizer:  Michael Anton  Sign Here  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.			POST FALLS, ID 83854-9485			
COEUR D'ALENE, ID 83814  Signature of Organizer:  Wichael Anton Sign Here Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	***		Address			
COEUR D'ALENE, ID 83814  Signature of Organizer:  Wichael Anton  Sign Here  Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	Fith Ops LLC	3375 N. ATLAS RD.	3375 N. ATLAS RD.			
Sign Here Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.			83814			
Sign Here Date  Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	ignature of Organizer:					
Print & Mail Enclosures  I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	Michael Anton		8/26/2022			
I understand the document can ONLY be filed if the following items are included:  Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	ign Here		Date			
Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	rint & Mail Enclosures					
Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.	☑ Lunderstand the document	can ONLY be filed if the follow	ing items are included:			
Secretary of State, signed and recently dated.						
This filing form (submit within 30 days) with the required signature(s)			hours processing, \$200) - checks payable to the			
will make the make th	Payment in the amount of \$10	recently dated.				
If you are submitting a correction, return the correction letter with your updated document.	Payment in the amount of \$10 Secretary of State, signed and	•	ignature(s).			

## STATEMENT OF DOMESTICATION

Pursuant to § 30-22-505, Idaho Code

1.	Name.	iurisdiction	and type	of the d	domesticating	entity:
٠.	1 141110,	Julibulout	and type	OI UIO C	ZOIIIOD CIO CIIIO	

Name:

The Real Force LLC

Jurisdiction:

California, United States

Type of Entity:

Limited Liability Company

2. Name, jurisdiction and type of the domesticated entity:

Name:

The Real Force LLC

Jurisdiction:

Idaho, United States

Type of Entity:

Limited Liability Company

- 3. Effective date of domestication: The date of filing.
- 4. The domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of organization.
- 5. The domesticated entity is a domestic filing entity and the text of its public organic document is shown in the document attached to this statement of domestication.

Mutually Dated: 8/26/2022

Signature Domesticating Entity:

Signature Domesticated Entity:

The Real Force LLC, a California

The Real Force LLC, an Idaho

limited liability company

limited liability company

By: William Bryant By: Fith Ops LLC, by Michael Anton, member

William Bryant

Member

Michael Anton

Member