



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 FEB 13 AM 8:58

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Black Eye Smile, LLC

2. The complete street and mailing addresses of the initial designated office:

2390 South Fork Circle, Sugar City, Idaho 83448

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Joshua Norman

(Name)

2390 South Fork Circle, Sugar City, Idaho 83448

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Joshua Norman

2390 South Fork Circle, Sugar City, Idaho 83448

5. Mailing address for future correspondence (annual report notices):

2390 South Fork Circle, Sugar City, ID 83448

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Joshua Norman

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/13/2015 05:00

CK:1148 CT:264695 BH:1461645

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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