



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

[Click here to clear form.](#)

FILED EFFECTIVE

2013 NOV -5 AM 8:35

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Interaxo Online, LLC

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

1010 Foxmoor Dr. Hailey, ID 83333
(Street Address)

PO Box 4721 Hailey, ID 83333
(Mailing Address, if different than street address)

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

Sonja Coleman
(Name)

1010 Foxmoor Dr.
(Street Address)

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

Name

Sonja Coleman

Address

1010 Foxmoor Dr.

Hailey, ID 83333

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

PO Box 4721, Hailey, ID 83333

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Sonja Coleman

Secretary of State use only

Typed Name: Sonja Coleman

Signature _____

IDaho SECRETARY OF STATE
11/05/2013 05:00
CX: 148 CT: 263674 BH: 1396777
1 @ 100.00 = 100.00 ORGAN LLC # 2

Typed Name: _____

W130861