

Typed Name

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

10 SEP 20 PM 12: 45 (Instructions on back of application) SECI-LY OF STATE 1. The name of the limited liability company is: STATE OF IDAHO Dolce Vita Caterina 2. The complete street address, and mailing address if different, of the initial designated/ principal office: 175 N. Blackfoot 3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent: Diana Kisa 306 W. 175 N. Blackfoot ID 83221 4. The name and address of at least one member or manager of the limited liability company: <u>Name</u> Address 306 W. 175 N. Blackfoot ID 83321 Gavin 150 Archer St. Blackfoot ID 83221 5. Mailing address for future correspondence (annual report notices): N. Blackfoot ID 83221 Future effective date of filing (optional): Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member Secretary of State use only or members). Signature Typed Name: IDAHO SECRETARY OF STATE 09/20/2010 05:00 CK: 4968 CT: 213246 BH: 1239781 1 0 100.00 = 100.00 ORGAN LLC # 2

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