



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 JUN -6 AM 9:56

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Permanently Perfect Makeup L.L.C.

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

225 Arave Ln Blackfoot, Id 83221

(Street Address)

(Mailing Address, if different than street address)

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

Charlynn DeRoche

(Name)

225 Arave Ln Blackfoot, Id 83221

(Street Address)

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

Name

Address

Charlynn DeRoche

225 Arave Ln Blackfoot, Id 83221

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

225 Arave Ln Blackfoot, Id 83221

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Charlynn DeRoche

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/06/2014 05:00

CK:1019 CT:297694 BH:1428053

1@ 100.00 = 100.00 ORGAN LLC #2

W138723