







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **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 #: 0006285558

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Da descriptions below) | y Service (see  | Expedited (+\$40; filing fee \$1    | 40)            |
|--|-----------------|-------------------------------------|----------------|
| 1. Limited Liability Company Name  |                 |                                     |                |
| Type of Limited Liability Company  |                 | Limited Liability Company           |                |
| Entity name  |                 | Setauket LLC                        |                |
| 2. The complete street address of the principal office is:   |                 |                                     |                |
| Principal Office Address   |                 | GRACE FASTERNBERG<br>9 MONDAVI LANE |                |
|  |                 | EAST SETAUKET, NY 11733             |                |
| The mailing address of the principal office is:  |                 |                                     |                |
| Mailing Address  |                 | GRACE FASTERNBERG                   |                |
|  |                 | 9 MONDAVI LN                        |                |
|  |                 | EAST SETAUKET, NY 11733-            | -2653          |
| 4. Registered Agent Name and Address   |                 |                                     |                |
| Registered Agent   |                 | HEIMERL LAW FIRM, P.C.              |                |
|  |                 | Commercial Registered Agen          | t              |
|  |                 | Physical Address                    |                |
|  |                 | 20 CEDRON RD<br>STE 201             |                |
|  |                 | VICTOR, ID 83455                    |                |
|  |                 | Mailing Address                     |                |
|  |                 | PO BOX 499                          |                |
|  |                 | VICTOR, ID 83455                    |                |
| I affirm that the registered agent appointe  | d has consented | to serve as registered agent fo     | r this entity. |
| 5. Governors   |                 |                                     |                |
| Name   | Address         |                                     |                |
| Grace Fastenberg   | GRACE FSTE      | NBERG                               |                |
| 9 MOI  |                 |                                     |                |
|  | LEAST SETAUL    | KET, NY 11733                       |                |
| Signature of Organizer:  |                 |                                     |                |
| herbert J heimerl  |                 |                                     | 05/28/2025     |
| Sign Here  |                 |                                     | Date           |