

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP -4 PM 2: 12

SECRETARY OF STATE

 The name of the limited liability comp 	pany is: STATE OF IDAHO
	Calico LLC
2. The complete street and mailing addre	resses of the initial designated/principal office:
1350 main st.,	#800 Sarasota, Fl. 34236
(Street Address) p o box 190	0870 Boise, ld. 83719
(Mailing Address, if different than street address)	
3. The name and complete street addres	ss of the registered agent:
PETED PETOSIBLED AGENT SEPLIKE (Name)	SOUTH 5123 MORROW STY BOSE JD, 8370 (Street Address)
The name and address of at least one company:	e member or manager of the limited liability
Name	Address
william g. hon	1350 Main St. #800, sarasota, Fl. 34236
5. Mailing address for future corresponde	ence (annual report notices):
P. O. Box 19	190870 Boise, id. 83719
Future effective date of filing (optional)	l):
ignature of organizer(s). (An organizer is a m	nember, or is
cting in behalf of a member or members).	Secretary of State use only
Illane. To He	C S C C C C C C C C C C C C C C C C C C
Signature Massium C. Hon	<u> </u>
yped Name: William G. Hon	
	Officional Corp., Rc. PMD
ignature	IDAHO SECRETARY OF STATE
Typed Name:	99/04/2009 05:0

09/04/2009 05:00 CK: 2596 CT: 240322 BH: 1185896 1 0 100.08 = 100.09 ORSAN LLC # 2

