



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

12 MAY 14 PM 1:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Joseph Volpe, LLC

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

4957 N Shirley Ave Boise ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Joseph Volpe

(Name)

4957 N Shirley Ave Boise ID 83703

(Street Address)

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

**Name**

**Address**

Joseph Volpe

4957 N Shirley Ave Boise ID 83703

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

4957 N Shirley Ave Boise ID 83703

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Joseph Volpe

Typed Name: Joseph Volpe

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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05/14/2012 05:00  
CK: 1842 CT: 278354 BH: 1324031  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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