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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAY 14 AM 9:41

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Enchanted Vapes LLC

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

203 7th Ave E, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Richard McClure

(Name)

203 7th Ave E, Twin Falls, ID 83301

(Street Address)

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

NameAddress

Richard McClure

203 7th Ave E, Twin Falls ID 83301

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

203 7th Ave E, Twin Falls, ID 83301

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Richard McClureTyped Name: Richard McClure

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/14/2015 05:00

CR:2837062 CT:172099 BH:1475445

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