

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 14 FEB 19 AM 9: 16

SECRETARY OF STATE STATE OF IDAHO (Instructions on back of application) 1. The name of the limited liability company is: **CHARROS MEXICAN RESTAURANT LLC** 2. The complete street and mailing addresses of the initial designated office: 307 E IDAHO AVE HOMEDALE ID 83628 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: 11206 W YELLOW PINE DR NAMPA ID 83651 **MARTHA CASTILLO** (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: **Address Name** 11206 W YELLOW PINE DR NAMPA ID 83651 **MARTHA CASTILLO** 11206 W YELLOW PINE DR NAMPA ID 83651 JUAN E CASTILLO Mailing address for future correspondence (annual report notices): 307 E IDAHO AVE HOMEDALE ID 83628 6. Future effective date of filing (optional): Signature of a manager, member or authorized

Signature of a manager, member or authorized person.

Signature Martha Castillo

Typed Name: MARTHA CASTILLO

Signature Walk E. Castillo

Typed Name: JUAN E CASTILLO

Secretary of State use only

19040 SECRETARY OF STATE 02/19/2014 05:00 CK: 502 CT: 293145 BH: 1411203 1 0 100.00 = 100.00 ORGAN LLC # 2

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