



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
09 APR -2 AM 11:05

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Shaved Ice Paradise LLC

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

5535 Calen Ln Chubbuck ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Melissa S. Torres

5535 Calen Ln Chubbuck ID 83202

(Name)

(Street Address)

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

**Name**

**Address**

Richard M. Torres

5535 Calen Ln Chubbuck ID 83202

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

5535 Calen Ln Chubbuck ID 83202

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Richard M. Torres

Signature

Typed Name:

Secretary of State use only

g:\corpforms\LLC format\cert\_org\_llc.PMD  
Revised 07/2008

IDAHO SECRETARY OF STATE  
04/02/2009 05:00  
CK: 201109200867 CT: 235748 BH: 1164106  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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