-	ARTICLES OF OF	RGANIZATION
FFF	Imited Liability company	k of application)
	The address of the initial registered office is: (not a PO Bex)  and the name of the initial registered	
,	agent at that address is.	Tauk
	Signature of registered agent :	as fault
3.	The latest date certain on which the limited	I hability company will dissolve:
4.	is management of the limited liability comp  ☑ Yes □	nany vested in a manager or managers?  No (check appropriate box)
5.	If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.	
	Name:	Address:
	Chesi Fault	232105 Can-17da RO.
		Stac. 20. 831009
	c	
6.	Signature of at least one person listed in #5	5 above:
	Char Fault	
	The state of the s	Secretary of State use only
		3
		CX: 1824 CT: 88696 BH: 317739
		1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 CORP SIR # 3

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