CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

7015 MAR -4 PH 2: 15

SECRETARY OF STATE

	(Instructions on back of application)	
1,	The name of the limited liability company is: La Villa MultiServices LLC	
2.	The complete street and mailing addresses of the initial designated office: 255 S. Broadway St. Blackfoot, Tel. 8 221 (Street Address)	
3.	(Mailing Address, if different than street address) The name and complete street address of the registered agent:	
	Coustavo madrigal 745 N. Shelling ave. blackfoot, 7 (Street Address) 832	d
4.	The name and address of at least one member or manager of the limited liatery company:	
	amande Barbora 745 N. Shilling are Blackfood.	id
5. I	Mailing address for future correspondence (annual report notices): 255 S. Broadway St. Blackfoot, Id 8322	
6. F	Future effective date of filing (optional):	
Sign: perso	nature of a manager, member or authorized on.	
Signa	ature	

cert_org_lic Rev. 07/2010

9/21/2012

Typed Name: amanda

IDAHO SECRETARY OF STATE 03/04/2015 05:00

CK:2632436 CT:172099 BH:1464579 16 100.00 = 100.00 ORGAN LLC #2

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