



0004696802

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004696802

Date Filed: 4/13/2022 12:10:47 PM

| Certificate of Organization Limited Liability Company | | | | | | | |
|--|---|------|---------|---------------|------------------------------------|-----------|------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100) | | | | | | |
| 1. Limited Liability Company Name | | | | | | | |
| Type of Limited Liability Company | Limited Liability Company | | | | | | |
| Entity name | Amber & Aaron's Ambitions LLC | | | | | | |
| 2. The complete street address of the principal office is: | | | | | | | |
| Principal Office Address | 2318 OXON ST CADLWELL, ID 83605 | | | | | | |
| 3. The mailing address of the principal office is: | | | | | | | |
| Mailing Address | 2318 OXON ST CALDWELL, ID 83605-3509 | | | | | | |
| 4. Registered Agent Name and Address | | | | | | | |
| Registered Agent | Registered Agent Amber Oquendo Physical Address: 2318 OXON ST CALDWELL, ID 83605 Mailing Address: 2318 OXON ST CALDWELL, ID 83605-3509 | | | | | | |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | | | |
| 5. Governors | | | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Amber Oquendo</td><td>2318 OXON ST CALDWELL, ID 83605</td></tr><tr><td>Aaron Cox</td><td>2318 OXON ST CALDWELL, ID 83605</td></tr></tbody></table> | | Name | Address | Amber Oquendo | 2318 OXON ST CALDWELL, ID 83605 | Aaron Cox | 2318 OXON ST CALDWELL, ID 83605 |
| Name | Address | | | | | | |
| Amber Oquendo | 2318 OXON ST CALDWELL, ID 83605 | | | | | | |
| Aaron Cox | 2318 OXON ST CALDWELL, ID 83605 | | | | | | |
| Signature of Organizer: | | | | | | | |
| | 04/13/2022 | | | | | | |
| Sign Here | Date | | | | | | |
| Print & Mail Enclosures | | | | | | | |
| <input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included: | | | | | | | |
| Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated. | | | | | | | |
| This filing form (submit within 30 days) with the required signature(s). | | | | | | | |
| If you are submitting a correction, return the correction letter with your updated document. | | | | | | | |

B0697-1356 04/14/2022 10:43 AM Received by ID Secretary of State Lawrence Denney

