

Signature

Typed Name: \_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE 09 APR 30 AM 8: 31

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO 1. The name of the limited liability company is: NO LIMIT INVESTING, LLC 2. The complete street and mailing addresses of the initial designated/principal office: 113 OLD TOM DR (Street Address) MCCAMMON, ID 83250 (Malling Address, if different than street address) The name and complete street address of the registered agent: SHAUN MORRIS 113 OLD TOM DR MCCAMMON, ID 83250 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name Address 113 OLD TOM DR **SHAUN MORRIS** MCCAMMON, ID 83250 SHAYANNE MORRIS 113 OLD TOM DR MCCAMMON, ID 83250 5. Mailing address for future correspondence (annual report notices): 113 OLD TOM DR MCCAMMON ID 83250 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). Secretary of State use only Signature **SHAUN MORRIS** Typed Name: