



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 JAN 11 PM 1:32

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A+ Restoration LLC

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

1313 W. Aberdeen Ave. Nampa Id. 83686

(Street Address)

(Mailing Address, if different than street address)

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

Roberto Gomez

(Name)

1313 W. Aberdeen Ave. Nampa Id. 83686

(Street Address)

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

Name

Address

Roberto Gomez

1313 W. Aberdeen Ave. Nampa Id. 83686

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

1313 W. Aberdeen Ave. Nampa Id. 83686

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Roberto Gomez

Typed Name: Roberto Gomez

Signature _____

Typed Name: _____

Secretary of State use only

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01/11/2012 05:00
CK: 875953 CT: 172099 BH: 1305696
I @ 100.00 = 100.00 ORGAN LLC # 2

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