Signature:

Rev. 08/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

| | Filir | ng fee: \$100 typed, \$120 | not typed | 2016 MAR 14 PM 1: 07 | |
|-----------------------------|---|---|----------------------------------|---|--|
| | Complete and submit the application in <u>duplicate</u> . | | SECRETARY OF STATE | | |
| 1. | The name of the limited liability company is: | | | STATE OF IDAHO | |
| | Perfection Cleaning Services LLC | | | _ | |
| | (Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., Lt.C., or LC) | | | | |
| 2. | The complete street and mailing addresses of the principal office is: 6931 w holiday dr boise id 83709 | | | | |
| | (Street Address) | | | | |
| | (Mailing Address, if different) | | | | |
| 3. | The name an | The name and complete street address of the registered agent: | | | |
| | Sonia Navarro | | 6931 w holiday dr boise id 83709 | | |
| | (Name) | | (Address) | | |
| 4. | The name and address of at least one governor of the limited liability company: | | | | |
| | | Sonia Navarro 6931 w holiday dr b | | - | |
| | (Narie) (Address) | | | | |
| | | | | | |
| | (Name) (Address) | | | | |
| | | | | | |
| | (Name) (Addrosa) | | | | |
| | | | | | |
| | (Name) (Address) | | | | |
| 5. | Mailing address for future correspondence (annual report notices): | | | | |
| | 6931 w holiday dr boise id 83709 | | | | |
| | (Address) | | | | |
| Sia | nature of organ | izer(s). | | | |
| Printed Name: Sonia Navarro | | | | Secretary of State use only | |
| Pfil | ned Name: | | | IDAHO SECRETARY OF STATE 03/14/2016 05:00 | |
| Sig | nature: \Longrightarrow | Mia Navino | | CK:CASH CT:321733 BH:1518401 16 100.00 = 100.00 ORGAN LLC #2 | |
| J | | | | | |
| Prir | nted Name: | | | W143722 | |
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