



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

10 SEP 23 PM 12: 05

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Spa Paraiso, LLC

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

1606 South Boundary St. Nampa, Idaho 83686

(Street Address)

(Mailing Address, if different than street address)

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

Ryan Lenz

(Name)

1606 South Boundary St. Nampa, ID

83686

(Street Address)

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

NameAddress

Ryan Lenz

1606 South Boundary St. Nampa, ID

83686

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

1606 South Boundary St. Nampa, ID 83686

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Ryan Lenz

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
09/23/2010 05:00
CK: 897 CT: 251484 BH: 1248280
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