

Printed Name:

Rev. 11/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 SEP -7 AM 8: 47

SECRETARY OF STATE

| 1. | The name of the limited liability company is: Liquid Kandy LLC | | STATE OF IDAHO | |
|-----|--|---|---|--|
| | | ne words "Limited Liability Company, | " "Limited Company," or the abbreviations L.L.C., LLC, or LC) | |
| 2. | The complete street and mailing addresses of the principal office is: 1922 Shoup Ave E Apt 1, Twin Falls, ID 83301 | | | |
| | (Smort Address) | | | |
| | i Maij og Articess, if otherent) | | | |
| 3. | The name of the registered agent and street address of the registered agent: | | | |
| | Lo'ree Silonis | Lo'ree Silonis 1922 Shoup Ave E Apt 1, Twin Falls, ID 83301 | | |
| | (Name) | (Address cannot be a post office box or postal mail box) | | |
| 4. | The name and address of at least one governor of the limited liability company: Lo'ree Silonis 1922 Shoup Ave E Apt 1, Twin Falls, ID 83301 | | | |
| | (Mentel) | (Address) | | |
| | | | • | |
| | (Nanie) | (Address) | | |
| | (Nem's) | (Address) | | |
| | (Name) | (Address) | | |
| | _ | | | |
| 5. | Mailing address for future correspondence (annual report notices): 1922 Shoup Ave E Apt 1, Twin Falls, ID 83301 | | | |
| | (Aguress) | | | |
| | | | | |
| Sig | nature of organizer(s). | ı | Secretary of State use only | |
| Sig | nature: 100 Xelemb | <u> </u> | | |
| Pri | nted Name: Lo'ree Silonis | | 1DAHO SECRETARY OF STATE 09/07/2017 05:00 | |
| | nature: | | CK:1003 CT:345239 BH:1601676 16 100.00 = 100.00 ORGAN LLC #2 | |

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