

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 OCT 15 AM 9: 25

| 1. The name of the limited liability company is: SECRETARY OF STATE STATE OF IDAIO |
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| INTERIORS by Charlotte L.L.C. UNILUTUAND |
| 2. The complete street and mailing addresses of the initial designated office: |
| Sol East 12 th Street |
| Sol East 12 Th Street (Street Address) Post Falls Idaho 83854 (Mailing Address, if different than street address) |
| 3. The name and complete street address of the registered agent: |
| Charlotte Rodgers-Roe 50/ = 12th P.F 83854 (Name) (Street Address) |
| 4. The name and address of at least one member or manager of the limited liability company: |
| Name Address |
| Charlotte Rodgers-Rue Seeme as above |
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| 5. Mailing address for future correspondence (annual report notices): |
| Same as above |
| 1 |
| 6. Future effective date of filing (optional): |
| Signature of a manager, member or authorized person. |
| Secretary of State use only |
| Signature Notal Nodges-Roe |
| Typed Name: Charlotte Rodgers-Roe |
| Signature IDAHO SECRETARY OF STATE |
| Typed Name: 10/15/2013 65:00 CK: 4191 CT: 268544 BH: 1393917 |