



0003983731

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0003983731

Date Filed: 9/1/2020 2:34:29 PM

| Certificate of Organization Limited Liability Company  |   |      |         |                    |                                    |
|--|---|------|---------|--------------------|------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)   | Standard (filing fee \$100)   |      |         |                    |                                    |
| 1. Limited Liability Company Name  |   |      |         |                    |                                    |
| Type of Limited Liability Company  | Limited Liability Company   |      |         |                    |                                    |
| Entity name  | SKY'S THE LIMIT LLC   |      |         |                    |                                    |
| 2. The complete street address of the principal office is:   |   |      |         |                    |                                    |
| Principal Office Address   | 8115 N LAKESHORE DRIVE<br>SANDPOINT, ID 83864   |      |         |                    |                                    |
| 3. The mailing address of the principal office is:   |   |      |         |                    |                                    |
| Mailing Address  | PO BOX 743<br>SANDPOINT, ID 83864-0743  |      |         |                    |                                    |
| 4. Registered Agent Name and Address   |   |      |         |                    |                                    |
| Registered Agent   | CHRISTOPHER RON MANGAR<br>Registered Agent<br>Physical Address<br>8115 LAKESHORE DR<br>SAGLE, ID 83860<br>Mailing Address |      |         |                    |                                    |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                   |   |      |         |                    |                                    |
| 5. Governors   |   |      |         |                    |                                    |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Christopher Mangar</td><td>P.O BOX 743<br/>SANDPOINT, ID 83864</td></tr></tbody></table> |   | Name | Address | Christopher Mangar | P.O BOX 743<br>SANDPOINT, ID 83864 |
| Name   | Address   |      |         |                    |                                    |
| Christopher Mangar   | P.O BOX 743<br>SANDPOINT, ID 83864  |      |         |                    |                                    |
| Signature of Organizer:  |   |      |         |                    |                                    |
| <u>CHRIS MANGAR</u>  | <u>09/01/2020</u>   |      |         |                    |                                    |
| Sign Here  | Date  |      |         |                    |                                    |

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