

2012 NOV -2 AM 8:39



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Max V Vapor LLC

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

1862 W Emerald Falls Dr. Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Carlyn Martin

(Name)

1862 W Emerald Falls Dr. Meridian, ID 83646

(Street Address)

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

Name

Address

Carlyn Martin

1862 W Emerald Falls Dr. Meridian, ID 83646

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

1862 W Emerald Falls Dr. Meridian, ID 83646

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Carlyn Martin

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
11/02/2012 05:00
CK: CASH CT: 275852 BH: 1346150
1 @ 100.00 = 100.00 ORGAN LLC # 2

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