

**FILED EFFECTIVE**

# **CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2013 FEB 14 PM 3:38

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Rota Consulting LLC

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

56 Sugarloaf Place

Tamarack

ID

83615

(Street Address)

(Mailing Address, if different than street address)

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

Nicole Rota

56 Sugarloaf Place

Tamarack, ID 83615

(Name)

(Street Address)

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

NameAddress

Nicole Rota

56 Sugarloaf Place

Tamarack

ID

83615

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

56 Sugarloaf Place

Tamarack

ID

83615

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Anna Manukyan

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 02/14/2013 05:00  
 CK: 1287616 CT: 172099 BH: 1360360  
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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