



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2014 JUN 11 AM 8:52

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Aqua De Capital, LLC

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

439 E. Shore Drive STE 100 Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Capital Eleven, LLC

(Name)

439 E. Shore Drive STE 100 Eagle, ID 83616

(Street Address)

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

Name
Capital Eleven, LLC

Address

439 E. Shore Drive STE 100 Eagle, ID 83616

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

439 E. Shore Drive STE 100 Eagle, ID 83616

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Travis Hawkes

Secretary of State use only

Signature

Typed Name: _____

IDAHO SECRETARY OF STATE
06/11/2014 05:00

CK:8 CT:275744 BH:1428679
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