

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 AUG -4 AM 9:16

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Souplefly, LLC

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

400 S Rabbit Trail, Post Falls, ID 83854

(Street Address)

PO Box 2403, Post Falls, ID 83877

(Mailing Address, if different than street address)

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

Christian Wu

(Name)

400 S Rabbit Trail, Post Falls, ID 83854

(Street Address)

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

NameAddress

Christian Wu

400 S Rabbit Trail, Post Falls, ID 83854

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

PO Box 2403, Post Falls, ID 83877

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

Signature of a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Christian Wu

Signature \_\_\_\_\_

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

 Secretary of State use only  
IDaho SECRETARY OF STATE

08/04/2014 05:00

CK:1597 CT:299732 BH:1435958

100.00 = 100.00 ORGAN LLC #2

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