

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

12 MAR 27 PM 3: 22

(Instructions on back of application)

STATE OF IDAHO

1. The name of the limited liability co	ompany is:
La	andscaping Time, LLC
2. The complete street and mailing ac	ddresses of the initial designated office:
4105 S. Robins	on Rd Kuna, Idaho 83634
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street add	dress of the registered agent:
Macario Gordillo	4105 S Robinson Rd Kuna, Id 83634
(Name)	(Street Address)
The name and address of at least company:	one member or manager of the limited liability
<u>Name</u>	<u>Address</u>
Macario Gordillo	4105 S Robinson Rd Kuna, ld 83634
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5. Mailing address for future correspo	ondence (annual report notices).
P.O. Box 954 Kuna, ld 83634	oriderice (armaarreport notices).
F.O. Box 334 Rulla, lu 03034	
6. Future effective date of filing (option	onal):
Signature of a manager, member of	or authorized
person.	Secretary of State use only
Maria	Secretary of State use only
Signature	
Typed Name: Macario Gordillo	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	### ##################################

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