



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

07 JAN 17 AM 10:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sara Owens Floral LLC

2. The street address of the initial registered office is:

1117 S. Phillippi Boise Id 83705

and the name of the initial registered agent at the above address is:

Sara Owens

3. The mailing address for future correspondence is:

1117 S. Phillippi Boise Id 83705

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Sara Owens</u>	<u>1117 S. Phillippi Boise ID 83705</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature:

Typed Name: Sara Owens

Capacity: manager

Signature

Typed Name:

Capacity:

Secretary of State use only

Idaho Forms LLC forms/articles/organization.pdf
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
01/17/2007 05:00
CX: 1024377 CT: 172099 BH: 1026785
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