



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR 30 AM 8:40

1. The name of the limited liability company is:

SECRETARY OF STATE
LEAF AND BLOOM LLC

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

3009 W. OVERLAND RD BOISE IDAHO 83705
(Street Address)

P.O. BOX 50162 BOISE IDAHO 83705
(Mailing Address, if different than street address)

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

ELIZABETH PEREZ
(Name)

3009 W. Overland Rd. Boise ID
(Street Address) 83705

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

Name	Address
ELIZABETH Perez	3009 W. Overland Rd Boise ID
Rain Perez	" "

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

P.O. BOX 50162 BOISE IDAHO 83705

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Elizabeth Perez
Typed Name: ELIZABETH PEREZ

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/30/2013 05:00
CK: 1007 CT: 282572 BH: 1371763
1 @ 100.00 = 100.00 ORGAN LLC # 2

W124798