

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Signature_____ Typed Name:

Ċ.	(Instructions on back of	or application	ZUIS JUN 16 AM 9: 58
1.	The name of the limited liability company The Leaves of Eden, LLC		SECRETARY OF STATE STATE OF IDAHO
2.	The complete street and mailing add 10027 W. Cayuse Lane, Boise, ID. 83714	resses of the	initial designated office:
	(Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Louise Luster	10027 W. Cay	use Lane, Boise, ID. 83714
	(Name)	(Street Address)	
4.	The name and address of at least on company: Name Louise Luster, Manager Adam Dykstra, Manager	Address 10027 W. Cayuse Lane, Boise, ID. 83714 737 N. Fairview Street, Burbank, CA. 91505	
5.	Mailing address for future correspond 10027 W. Cayuse Lane, Boise, ID. 83714	dence (annua	I report notices):
6.	Future effective date of filing (options	al):	
_	nature of a manager, member or son.	authorized	
O:	antium Antium Action		Secretary of State use only
_	nature Louise Luster		IDANO SECRETARY OF STATE 06/16/2015 05:00
ıy	ped Name:		CP.4065 CD.34444 DT.44000

CK:1055 CT:311411 BH:1480055 10 100.00 = 100.00 ORGAN LLC #2

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