

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 APR -9 PM 1=50

1. The name of the lim	ited liability company	is:		0000000
	iSocial A	cademy LLC		SECRETARY OF S STATE OF IDA
2. The complete street	and mailing addresse	s of the initial	designated/prin	
	206 S Long Bay	Way Star ID 8366	i9	
(Street Address)			-	
(Mailing Address, if different t	han street address)			<u> </u>
3. The name and comp	lete street address of	the registered	agent:	
Adam Spie		206 S. Long	Bay Way Star ID 8	33669
(Name)	(Street	t Address)	2	
. The name and addre	ss of at least one me	mber or manag	er of the limited	d liability
Name			Address	
Adam R S	piel	206 S. Long Bay Way Star ID 83669		
	3.4			· .
				<u> </u>
	· · · · · · · · · · · · · · · · · · ·			25 <u>1</u> 5 42
. Mailing address for fu	iture correspondence	(appual report	notices):	A Company
. Walling address for id	206 S. Long Bay \		•	
. Future effective date	of filing (optional):			*
gnature of organizer(s).		r, or is	·	
ting in behalf of a member or	(Tiernberg).		Secretary of State	use only
gnature /4/52	*	K. PMC		
yped Name: Adam R Spiel		ag t		• • • • • • • • • • • • • • • • • • •
-		90 90	:	
gnature	<u> </u>	pytomsillC formstert_org_itc.PMD	IDANO S @4/@9/	ECRETARY OF STATE
/ped Name:		Nemoti Period Pe	CK: 1881 CT: 241198 BH: 12179 1 8 188.88 = 188.88 GREAN LLC	
-		— <u>5</u> .c		