



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2016 FEB 10 AM 8:45  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Sine Vape LLC

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

1500 W Orchard Ave Nampa Id. 83651

(Street Address)

(Mailing Address, if different than street address)

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

Zackary Swinney

(Name)

1500 W Orchard Ave Nampa idaho 83651

(Street Address)

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

**Name**

**Address**

Zackary Swinney

1500 W Orchard Ave nampa Id 83651

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

1500 W Orchard Ave nampa Id 83651

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Zackary Swinney

Signature

Typed Name:

Secretary of State use only

02/10/2016 05:00

CK:17345138923 CT:320165 BH:1513008

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