

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 FEB 28 AM 9: 18

1. The name of the limited liability company is:

SECRETARY OF STATE STATE OF IDAHO Six Knots Shop III C

own factor chop, 220	
2. The complete street and ma	alling addresses of the initial designated office:
1433 E. 5th St. #101, Meridian,	<del>_</del>
	ID 03042
(Street Address)	
(Mailing Address, if different than street	address)
. The name and complete stre	eet address of the registered agent:
Jamece Vincent	1433 E. 5th St. #101, Meridian, ID 83642
(Name)	(Street Address)
. The name and address of at company:	t least one member or manager of the limited liability
Name	<u>Address</u>
Jamece Vincent	1433 E. 5th St. #101, Meridian, ID 83642
. Mailing address for future co	orrespondence (annual report notices):
1433 E. 5th St. #101, Meridian, I	
	MANUEL CONTROL
France officialize data of filling	dention of
Future effective date of filing	(optional):
gnature of a manager, mem	nber or authorized
erson.	
S 11/200	Secretary of State use only
gnature was the factor	
ped Name: Manager	
	IDAHO SECRETARY OF STATE
ignature	1 @ 100.00 = 100.00 ORGAN LLC #

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Typed Name: