

## CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2015 JUL 13 AM 9: 36

(Instructions on back of application) SECRETARY OF STATE 1. The name of the limited liability company is: Apocalypse Friday LLC 2. The complete street and mailing addresses of the initial designated office: 435 Flume Creek Road #B12 Sandpoint Idaho 83864 (Street Address) (Mailing Address, if different than street address) The name and complete street address of the registered agent: Delisa Carnegie 435 Flume Creek Road Sandpoint Idaho 83864 (Name) (Street Address) 4. The name and address of at least one member or manager of the limited liability company: Name **Address** 435 Flume Creek Road Sandpoint Idaho 83864 Delisa Carnegie 5. Mailing address for future correspondence (annual report notices): 435 Flume Creek Road #B12 Sandpoint Idaho 83864 6. Future effective date of filing (optional): Signature of a manager, member or authorized person. Secretary of State use only STATE 07/13/2015 05:00 Signature CK:1628 CT:143829 BH:1483649 Delisa Carnegie Typed Name: 16 100.00 = 100.00 ORGAN LLC #2 Signature

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Typed Name: \_\_\_\_\_