





## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0006210108

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| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Same D<br>descriptions below) | ay Service (see  | Standard (filing fee \$100)                              |                 |
|---|------------------|--|-----------------|
| 1. Limited Liability Company Name   |                  |  |                 |
| Type of Limited Liability Company   |                  | Limited Liability Company                                |                 |
| Entity name   |                  | Arling 52, LLC   |                 |
| The complete street address of the principal office is:     Principal Office Address                                      |                  | 3225 MCLEOD DRIVE<br>STE 100<br>LAS VEGAS, NV 89121      |                 |
| The mailing address of the principal office is:     Mailing Address   |                  | 3225 MCLEOD DR<br>STE 100<br>LAS VEGAS, NV 89121-2257    | 7               |
| 4. Registered Agent Name and Address  |                  |  |                 |
| Registered Agent  |                  | ANDERSON REGISTERED A Commercial Registered Ager         |                 |
|   |                  | Physical Address   |                 |
|   |                  | 800 W MAIN ST STE 1460<br>BOISE, ID 83702                |                 |
|   |                  | Mailing Address  |                 |
|   |                  | 800 W MAIN ST STE 1460<br>A.T. MATHIS<br>BOISE, ID 83702 |                 |
| ☑ I affirm that the registered agent appoint  | ed has consented | d to serve as registered agent fo                        | or this entity. |
| 5. Governors  |                  |  |                 |
| Name  |                  | Address  |                 |
| Six Peaks, LLC  |                  | 1718 CAPITOL AVENUE<br>CHEYENNE, WY 82001                |                 |
| Signature of Organizer:   |                  |  |                 |
| Jhon Petter Padit, Organizer  |                  |  | 04/25/2025      |
| Sign Here   |                  |  | Date            |