Office Use Only:



DEAN HELLER Secretary of State

101 North Carson Street, Suite 3 Carson City, Nevada 89701-4786 (775) 684 5708

Limited-Liability Company

Articles of Organization (PURSUANT TO NRS 86

Important: Read attached instructions before completing

1. Name of Limited- Liability Company:			
2. Resident Agent Name and Street Address: (Must be a Nevada address where process may be served)	NAME STREET ADDRESS	CITY	ZIP
			NEVADA
3. <u>Dissolution Date:</u> (Optional - see instructions)	Latest date upon which the con (if existence is not perpetual):	mpany is to dissolve	
4. <u>Management:</u> (Check one)	Company shall be managed by	Manager(s) OR Memb	pers
Names, Addresses,	1. NAME		
of Manager(s) or Members: (Attach additional pages as necessary)	STREET ADDRESS	CITY	STATE ZIP
	2. NAME		
	STREET ADDRESS	CITY	STATE ZIP
	3. NAME		
	STREET ADDRESS	CITY	STATE ZIP
	4. NAME STREET ADDRESS	CITY	STATE ZIP
	STREET ADDRESS	GITT	STATE ZIF
5. Other Matters: (See Instructions)	Number of additional pages attac	ched:	
6. Names, Addresses and Signatures of Organizer(s): (If more than two incorporators, please attach additional pages)	NAME STREET ADDRESS	Signature CITY	STATE ZIP
	NAME STREET ADDRESS	Signature CITY	STATE ZIP
	S. T. E. I. ADDITEDO	OHI	SIME ZIIT
7. <u>Certificate of</u> <u>Acceptance of</u> <u>Appointment of</u> <u>Resident Agent:</u>	I,	hereby accept appointme named corporation.	ent as Resident Agent for the above
	Signature of Resident Agent	Date	