ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

E-FILED
Mar 05, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

223606591

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

ME&D, LLC

2. MAILING ADDRESS

7110 SW FIR LOOP STE 210
TIGARD OR 97223 USA

3. PRINCIPAL PLACE OF BUSINESS

21504 BENTS CT NE
AURORA OR 97002 USA

4. NAME & ADDRESS OF REGISTERED AGENT

JOHN D KESSELRING

7110 SW FIR LOOP STE 210
PORTLAND OR 97223 USA

5. ORGANIZERS

PAUL A JONES

21504 BENTS CT NE
AURORA OR 97002 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

PAUL A JONES

21504 BENTS CT NE
AURORA OR 97002 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

PAUL A JONES

21504 BENTS CT NE
AURORA OR 97002 USA

MEMBER

DEIDRE K JONES

21504 BENTS CT NE
AURORA OR 97002 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

10. OPTIONAL PROVISIONS

The Company will indemnify its Members against any losses, judgments, liabilities, expenses, and amounts paid in settlement of any claims sustained against the Company or against a Member in connection with the Company, as long as the Member's conduct was in good faith and the Member reasonably believed that his or her conduct was in the best interests of the Company. The satisfaction of any indemnification and any saving harmless will be from, and limited to, Company assets, and the Member will not have any personal liability on account of any such indemnification. Except to the limited extent provided in the Oregon Limited Liability Company Act, no Member will have any personal liability for any Company obligation, expense, or liability.

The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 to 63.170.

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

JOHN D. KESSELRING

TITLE

AUTHORIZED AGENT

DATE

03-04-2024