ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

E-FILED
Jul 24, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

229073895

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

YONDER PINES LLC

2. MAILING ADDRESS

640 S SUMPTER HWY
SUMPTER OR 97877 USA

3. PRINCIPAL PLACE OF BUSINESS

640 S SUMPTER HWY
SUMPTER OR 97877 USA

4. NAME & ADDRESS OF REGISTERED AGENT

66022790 - UNITED STATES CORPORATION AGENTS, INC.

401 NE 19TH AVE
SUITE 200A
PORTLAND OR 97232 USA

5. ORGANIZERS

JASON TIMOTHY DOLEZAL

640 S MILL ST #204
SUMPTER OR 97877 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

NICOLE DENISE SCROGGINS

640 S SUMPTER HWY
SUMPTER OR 97877 USA

JASON TIMOTHY DOLEZAL

640 S SUMPTER HWY
SUMPTER OR 97877 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

NICOLE DENISE SCROGGINS

640 S SUMPTER HWY
SUMPTER OR 97877 USA

MEMBER

JASON TIMOTHY DOLEZAL

640 S SUMPTER HWY
SUMPTER OR 97877 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

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

10. OPTIONAL PROVISIONS

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

JASON TIMOTHY DOLEZAL

TITLE

AUTHORIZED AGENT

DATE

07-23-2024