# ARTICLES OF ORGANIZATION

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**E-FILED**
Aug 06, 2019
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

157926495

**TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

**1. ENTITY NAME**

SWISS PACIFIC, LLC

**2. MAILING ADDRESS**

1327 SE TACOMA ST
324
PORTLAND OR 97202 USA

**3. PRINCIPAL PLACE OF BUSINESS**

1327 SE TACOMA ST
324
PORTLAND OR 97202 USA

**4. NAME & ADDRESS OF REGISTERED AGENT**

NELS PAINE

1327 SE TACOMA ST
324
PORTLAND OR 97202 USA

**5. ORGANIZERS**

65173081 - PAINE PACIFIC, LLC

1327 SE TACOMA ST
#324
PORTLAND OR 97202 USA

**6. INDIVIDUALS WITH DIRECT KNOWLEDGE**

SANTIAGO ORIA

324
1327 SE TACOMA ST
PORTLAND OR 97202 USA

**7. DURATION**

PERPETUAL

**8. MANAGEMENT**

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

**9. 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**

NELS PAINE

**TITLE**

AUTHORIZED AGENT

**DATE SIGNED**

08-06-2019