ARTICLES OF ORGANIZATION

Corporation Division
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E-FILED
Dec 02, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

161988895

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

ASHRAF LLC

2. MAILING ADDRESS

PO BOX 16608
PORTLAND OR 97292 USA

3. PRINCIPAL PLACE OF BUSINESS

18225 SE STARK ST
PORTLAND OR 97233 USA

4. NAME & ADDRESS OF REGISTERED AGENT

ASHRAF ABOZAID

18225 SE STARK ST
PORTLAND OR 97233 USA

5. ORGANIZERS

ASHRAF ABOZAID

18225 SE STARK ST
PORTLAND OR 97233 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

ASHRAF ABOZAID

PO BOX 16608
PORTLAND OR 97292 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

ASHRAF ABOZAID

PO BOX 16608
PORTLAND OR 97292 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

ASHRAF ABOZAID

TITLE

AUTHORIZED AGENT

DATE SIGNED

12-02-2019