ARTICLES OF ORGANIZATION

Corporation Division
www.filinginoregon.com

E-FILED
Jul 07, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

184412790

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

PARAM MCMINNVILLE, LLC

2. MAILING ADDRESS

111 SW 5TH AVENUE SUITE 3800
PORTLAND OR 97204 USA

3. PRINCIPAL PLACE OF BUSINESS

415 SW MONTGOMERY
PORTLAND OR 97201 USA

4. NAME & ADDRESS OF REGISTERED AGENT

74022790 - SYK SERVICE CO., LLC

111 SW 5TH AVENUE SUITE 3800
PORTLAND OR 97204 USA

5. ORGANIZERS

MICHAEL D WALKER

111 SW 5TH AVENUE SUITE 3800
PORTLAND OR 97204 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

DIPEN PATEL

101 SW MADISON ST UNIT 8753
PORTLAND OR 97204 USA

7. INITIAL MEMBERS/MANAGERS

MANAGER

GANESH SONPATKI

415 SW MONTGOMERY
PORTLAND OR 97201 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

10. OPTIONAL PROVISIONS

To the fullest extent that the Oregon Limited Liability Company Act, as it exists on the date hereof or may hereinafter be amended, permits the limitation or elimination of the liability of members and managers, a member or manager of the Company shall not be liable to the Company or its members for conduct as a member or manager. Any amendment or repeal of these Articles of Organization or the Oregon Limited Liability Company Act shall not adversely affect any right or protection of a member or manager of the Company for or with respect to any acts or omissions of such member or manager occurring prior to such amendment or repeal.

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

MICHAEL D WALKER

TITLE

ORGANIZER

DATE SIGNED

07-07-2021