ARTICLES OF ORGANIZATION

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E-FILED
Apr 14, 2022
OREGON SECRETARY OF STATE

REGISTRY NUMBER

195720298

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

CITY'S EDGE, LLC

2. MAILING ADDRESS

PO BOX 820190
PORTLAND OR 97282 USA

3. PRINCIPAL PLACE OF BUSINESS

4220 SW VIEW POINT TER
PORTLAND OR 97239 USA

4. NAME & ADDRESS OF REGISTERED AGENT

JASON WRIGHT

1500 SW 1ST AVE STE 730 PORTLAND OR
PORTLAND OR 97201 USA

5. ORGANIZERS

55714696 - MANIFAUST DESTINY, LLC

PO BOX 820190
PORTLAND OR 97282 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

DONATO CAPOBIANCO

PO BOX 820190
PORTLAND OR 97282 USA

7. INITIAL MEMBERS/MANAGERS

MANAGER

DONATO CAPOBIANCO

PO BOX 820190
PORTLAND OR 97282 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

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

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

DONATO CAPOBIANCO

TITLE

MANAGER

DATE

04-14-2022