Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - S; Phone: (503) 986-2200

FILED: MAR 10, 2023
OREGON SECRETARY OF STATE

209225291-24567494

REGISTRY NUMBER: 209225291

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is p
We must release this information to all parties upon request and it will be posted on our website.

EVOLUTION SOLID, LLC NEWORG

Please Type or Print Legibly in **Black** ink. **Attach Additional Sheet if Necessary.**

1. **NAME OF LIMITED LIABILITY COMPANY:** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Evolution Solid, LLC

2. **DURATION:** (Please check one.)

(●) Duration shall be perpetual.

( ) Latest date upon which the Limited Liability Company is to dissolve is _____

3. **PRINCIPAL OFFICE:** (Must be a physical street address)

3322 Belvedere Street NW
Salem, OR 97304

4. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)

J. Scott Erickson

5. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** **(Must be an Oregon Street Address,** which is identical to the registered agent's office.)

3322 Belvedere Street NW
Salem, OR 97304

6. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

3322 Belvedere Street NW
Salem, OR 97304

7. **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

(●) This LLC will be member-managed by one or more members.

( ) This LLC will be manager-managed by one or more managers.

8. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:** ORS 58.015(5)(m)

9. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)

BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)

X INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.

SEE ATTACHED

10. **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (ORGANIZER)

J. Scott Erickson
3322 Belvedere Street NW
Salem, OR 97304

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

11. **OWNERS: (MEMBERS)** (Names and Addresses)

J. Scott Erickson
3322 Belvedere Street NW
Salem, OR 97304

12. **MANAGERS: (MANAGERS)** (Names and Addresses)

13. **INDIVIDUAL WITH DIRECT KNOWLEDGE** (Name and Address)
List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

J. Scott Erickson
3322 Belvedere Street NW
Salem, OR 97304

14. **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (Organizer)

I declare as an authorized signer, 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 members, managers, employees or agents of the limited liability company. 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.

SIGNATURE:	PRINTED NAME:	TITLE:
J Scott Erickson	J. Scott Erickson	Organizer

CONTACT NAME: (To resolve questions with this filing)

Zack Schick

PHONE NUMBER: (Include area code)

(503) 585-4422

FEES
Required Processing Fee $100
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.