



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sa

FILED: JUN 21, 2024
OREGON SECRETARY OF STATE



227976990-26391708

REGISTRY NUMBER: 227976990

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

POWER STRUCK CUSTOM...

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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.")

POWER STRUCK CUSTOM CONSTRUCTION LLC

2. DURATION: (Please check one.)
[X] Duration shall be perpetual. struck
[ ] Latest date upon which the Limited Liability Company is to dissolve is

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

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

13205 SW WATKINS AVE
PORTLAND OR 97223

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

DANNY ANDERSON

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

DANNY ANDERSON

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

13205 SW WATKINS AVE
PORTLAND OR 97223

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

same

7. HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

[X] 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)

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

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

DANNY ANDERSON
13205 SW WATKINS AVE
PORTLAND OR 97223

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.

DANNY ANDERSON
13205 SW WATKINS AVE
PORTLAND OR 97223

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 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:

[Signature]
DANNY ANDERSON

DANNY ANDERSON OWNER

CONTACT NAME: (To resolve questions with this filing)

724 944 1961 503 7242443

PHONE NUMBER: (Include area code)

Table with 1 column: FEES. Rows include: 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.