Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 761925-97
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For office use only

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.")

A 1 Smittys Wash & Shine LLC

2) DURATION: (Please check one.)

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

☑ Duration shall be perpetual.

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

United States Corporation Agents, Inc.

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

333 Southwest 5th Avenue, Suite 350

Portland, OR 97204

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

c/o United States Corporation Agents, Inc.

333 Southwest 5th Avenue, Suite 350, Portland, OR 97204

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

Sheila Dang

101 N. Brand Blvd., 11th Floor

Glendale, CA 91203

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:

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

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS: (MEMBERS) (Names and Street address)

E. Jason Smith

c/o 4232 SE 39th Ave., Portland, Oregon 97201

11) MANAGERS: (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer) (The title for each signer must be "Organizer.") By my signature, I declare as an authorized authority, that 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:
	Sheila Dang	Organizer
		Organizer
		Organizer

CONTACT NAME: (To resolve questions with this filing.)

Shikha Chand

PHONE NUMBER: (Include area code)

323-962-8600, ext. 883

A 1 SMITTYS WASH & SHINE LLC

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