



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

FILED

JUN 22 2015



REGISTRY NUMBER: 1123418-96

OREGON

SECRETARY OF STATE

For office use only

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

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.")

Urban Pharms, LLC

2. DURATION: (Please check one.)

☒ Duration shall be perpetual.

☐ Latest date upon which the Limited Liability Company

is to dissolve is _____

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

National Registered Agents, Inc.

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

Must be an Oregon Street Address, which is identical to the registered agent's office.)

388 State Street, Ste. 420

Salem, OR 97301

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

14730 Beach Blvd Suite 201

La Mirada, CA 90638

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

Brent Buscay

9120 Double Diamond Parkway

Reno, NV 89521

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.)

☐ 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

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

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

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

John E Walker

14730 Beach Blvd Suite 201

La Mirada, CA 90638

12. EXECUTION: By my signature, I declare as an authorized signer, 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:

Brent Buscay

Organizer

CONTACT NAME: (To resolve questions with this filing)

Christine OConnor

PHONE NUMBER: (Include area code)

888-579-0286

URBAN PHARMS, LLC



112341896-16199278

NEWORG