## ARTICLES OF ORGANIZATION

# E-FILED Jul 15, 2015 OREGON SECRETARY OF STATE

## **REGISTRY NUMBER**

112901392

#### TYPE

DOMESTIC LIMITED LIABILITY COMPANY

## 1. ENTITY NAME

AGILE FLUENCY PROJECT, LLC

#### 2. MAILING ADDRESS

6312 SW CAPITOL HIGHWAY #402 PORTLAND OR 97239 USA

## 3. NAME & ADDRESS OF REGISTERED AGENT

**EDWIN O'HANLON** 

1500 NE IRVING ST STE 440 PORTLAND OR 97232 USA

## 4. ORGANIZERS

**ADAM LIGHT** 

6312 SW CAPITOL HIGHWAY #402 PORTLAND OR 97239 USA

JAMES D LITTLE SHORE

5704 NE 27TH AVE PORTLAND OR 97211 USA

DIANA LARSEN

4850 NE 9TH AVE

PORTLAND OR 97211 USA

#### 5. DURATION

**PERPETUAL** 

#### 6. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

## 7. OPTIONAL PROVISIONS

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



# **OREGON SECRETARY OF STATE**

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.

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** 

**ADAM LIGHT** 

**TITLE** 

**ORGANIZER** 

**DATE SIGNED** 

07-14-2015