

ARTICLES OF ORGANIZATION



Corporation Division
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E-FILED
Jan 18, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

151560597

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

SPOOKYHEADS LLC

2. MAILING ADDRESS

PO BOX 128
CORVALLIS OR 97339 USA

3. PRINCIPAL PLACE OF BUSINESS

436 SW 5TH STREET
#2
CORVALLIS OR 97339 USA

4. NAME & ADDRESS OF REGISTERED AGENT

JANNETT SPRING BRINKLEY

436 SW 5TH ST
#2
CORVALLIS OR 97333 USA

5. ORGANIZERS

MALACHI BROWN

436 SW 5TH ST APT 2
CORVALLIS OR 97333 USA

JANNETT BRINKLEY

436 SW 5TH ST APT 2
CORVALLIS OR 97333 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

JANNETT BRINKLEY

436 SW 5TH ST APT 2
CORVALLIS OR 97333 USA

7. INITIAL MEMBERS/MANAGERS



MEMBER

JANNETT BRINKLEY

436 SW 5TH ST APT 2
CORVALLIS OR 97333 USA

MEMBER

MALACHI BROWN

436 SW 5TH ST APT 2
CORVALLIS OR 97333 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

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

I declare, 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 officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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

JANNETT SPRING BRINKLEY

TITLE

AUTHORIZED AGENT

DATE SIGNED

01-17-2019