

# ARTICLES OF ORGANIZATION



Corporation Division  
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**E-FILED**  
May 16, 2019  
**OREGON SECRETARY OF STATE**

## REGISTRY NUMBER

155779599

## TYPE

DOMESTIC LIMITED LIABILITY COMPANY

## 1. ENTITY NAME

SKYWALKER DRYWALL LLC

## 2. MAILING ADDRESS

34180 SMITH RD  
ST HELENS OR 97051 USA

## 3. PRINCIPAL PLACE OF BUSINESS

34180 SMITH RD  
ST HELENS OR 97051 USA

## 4. NAME & ADDRESS OF REGISTERED AGENT

ADAM PAUL ERPELDING  
  
34180 SMITH RD  
ST HELENS OR 97051 USA

## 5. ORGANIZERS

ADAM PAUL ERPELDING  
  
34180 SMITH RD  
ST HELENS OR 97051 USA

## 6. INDIVIDUALS WITH DIRECT KNOWLEDGE

ADAM PAUL ERPELDING  
  
34180 SMITH RD  
ST HELENS OR 97051 USA

## 7. INITIAL MEMBERS/MANAGERS

### MEMBER

ADAM PAUL ERPELDING  
  
34180 SMITH RD  
ST HELENS OR 97051 USA

## 8. DURATION

PERPETUAL



## 9. MANAGEMENT

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

## 10. OPTIONAL PROVISIONS

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

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

JOANNA M WAGNER

### TITLE

AUTHORIZED AGENT

### DATE SIGNED

05-15-2019