



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED

DEC 26 2019

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER: Ne2712591

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.")

Shipthrew LLC

2. DURATION: (Please check one.)

Duration shall be perpetual.

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

3. PRINCIPAL OFFICE: (Must be a physical street address)

4458 River Rd S
Salem OR 97302

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

Nathaniel Epps

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

4458 River Rd. S
Salem OR 97302

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

4458 River Rd. S
Salem OR 97302

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:
ORS 58.015(5)(m)

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

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

Nathaniel Epps

4458 River Rd S
Salem OR 97302

LIST MEMBERS AND/OR MANAGERS NAMES AND
ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

11. OWNERS: (MEMBERS) (Names and Addresses)

Nathaniel Epps

4458 River Rd S
Salem OR 97302

12. MANAGERS: (MANAGERS) (Names and Addresses)

13. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)
List the name and address of at least one individual who is a member or
manager of the LLC or an authorized representative with direct knowledge
of the operations and business activities of the LLC.

Nathaniel Epps

4458 River Rd S
Salem OR 97302

14. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)

I declare as an authorized signer, 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 members, managers, employees or agents of the limited liability company. 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:

Nathaniel Epps

PRINTED NAME:

Nathaniel Epps

TITLE:

Organizer

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

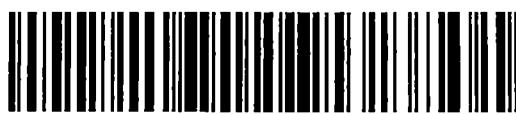
FEES

Required

Processing

Free copi

SHIPTHREW LLC



162712591-20676135

NEWORG