ARTICLES OF ORGANIZATION

E-FILED

Nov 02, 2020

OREGON SECRETARY OF STATE

REGISTRY NUMBER

173847097

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

KREATIVE KUSTOMS LLC

2. MAILING ADDRESS

4057 CLOVERLAWN DR GRANTS PASS OR 97527 USA

3. PRINCIPAL PLACE OF BUSINESS

4057 CLOVERLAWN DR GRANTS PASS OR 97527 USA

4. NAME & ADDRESS OF REGISTERED AGENT

KEITH AUBREY CANADY

4057 CLOVERLAWN DR GRANTS PASS OR 97527 USA

5. ORGANIZERS

KEITH AUBREY CANADY

4057 CLOVERLAWN DR GRANTS PASS OR 97527 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

KEITH AUBREY CANADY

4057 CLOVERLAWN DR GRANTS PASS OR 97527 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

KEITH AUBREY CANADY

4057 CLOVERLAWN DR GRANTS PASS OR 97527 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

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

KEITH CANADY

TITLE

OWNER/MANAGER

DATE SIGNED

11-02-2020