



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED
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OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

601396-99

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In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

For office use only

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.")

PACIFIC CREST TAX AND ACCOUNTING SERVICES, LLC

- 2) **DURATION** (Please check one.)

☐ Latest date upon which the Limited Liability Company is to

dissolve is _____

☒ Duration shall be perpetual.

- 3) **NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)**

DANNY YEH

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

8621 SE POWELL BLVD
PORTLAND, OR 97266

- 5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

C/O ARTICOLITE
8621 SE POWELL BLVD
PORTLAND, OR 97266

- 6) **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)**

DANNY YEH

8621 SE POWELL BLVD
PORTLAND, OR 97266

- 7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

☒ This limited liability company is managed by a single manager.

☐ This limited liability company is managed by multiple manager(s).

- 8) **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

PREPARE TAX AND BOOKKEEPING
SERVICES

- 9) **OPTIONAL PROVISIONS** (Attach a separate sheet if necessary.) ☐

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

- 10) **OWNERS (MEMBERS)** (Names and Street address)

- 11) **MANAGERS (MANAGERS)** (Names and Street address)

- 12) **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)** (The title for each signer must be "Organizer.")

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.

Signature

Printed Name

Title

Danny Yeh

DANNY YEH

Organizer

Organizer

Organizer

Organizer

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your

- 13) **CONTACT NAME** (To resolve questions with this filing.)

TORI YEH

DAYTIME PHONE NUMBER (Include area code.)

(503) 550-2122



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