

309/15 (105)



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> Phone: (503) 986-2200

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OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

720648-93

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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.")

M&L Barnard LLC

2) DURATION: (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____☒ Duration shall be perpetual.

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

United States Corporation Agents, Inc. 660 227-98

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

333 Southwest 5th Avenue, Suite 350

Portland, OR 97204

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

c/o United States Corporation Agents, Inc.

333 Southwest 5th Avenue, Suite 350, Portland, OR 97204

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

Sheila Dang

7083 Hollywood Blvd., Suite 180

Los Angeles, CA 90028

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:

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)

Mark Barnard, Louise Barnard

c/o 3630 SW Chintimini Ave., Corvallis, Oregon 97333

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:

Sheila Dang

Organizer

Organizer

Organizer

CONTACT NAME: (To resolve questions with this filing.)

Shikha Chand

PHONE NUMBER: (Include area code.)

323-962-8600, ext. 883

M&L BARNARD LLC



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