



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

BUSINESS REG. #100.00
FILED \$100.00

REGISTRY NUMBER:

91052093

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JAN 25 2013

OREGON
SECRETARY OF STATE

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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.

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.")

Baez Brothers, L.L.C.

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)

Hector Baez

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

1292 Lancaster Drive NE, Salem, OR 97301

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

1292 Lancaster Drive NE, Salem, OR 97301

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

Hector Baez

1292 Lancaster Drive NE, Salem, OR 97301

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)

Hector Baez

Arturo Baez

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:

Hector Baez

Printed Name:

Hector Baez

Title:

Organizer

Organizer

Organizer

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

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BAEZ BROTHERS, L.L.C.

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FEES

Required Processing Fee \$100

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."