Wyoming

Ed Murray Wyoming Secretary of State 2020 Carey Avenue, Suite 700

2020 Carey Avenue, Suite 700 Cheyenne, WY 82002-0020 Ph. 307.777.7311 Fax 307.777.5339 Email: <u>Business@wyo.gov</u>

Ed Murray, WY Secretary of State FILED: 03/09/2016 09:51 AM

ID: 2016-000708588

Limited Liability Company Articles of Organization

1. Name of the l	imited liability company:		
MARK-ET-II	NG 1, LLC		
2. This entity ele (You may refer to the	ects to be a close limited liability company: the Close Limited Liability Supplement for more information W.S. 17-25-101-W.S 17-25-109.)		
(The registered age Wyoming, The regi	ysical address of its registered agent: In the may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in stered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be stered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed in addition to a physical address.)		
Name:	COMPANIES HOUSE		
Address:	1107 W 6TH AVENUE, CHEYENNE, WY 82001		
	(If mail is received at a Post Office Box, please list above in addition to the physical address.)		
4. Mailing addre	ess of the limited liability company:		
1107 W 6TH			
5. Principal offi	ce address:		
1107 W 6TH CHEYENNE	H AVENUE E, WY 82001		
Signature:	Shall be executed by an organizer.) Date: 3/2/2016 (mm/dd/yyyy)		
Print Name: A	NNE SCHMIDT		
Contact Person	ANNE SCHMIDT		
Daytime Phone	Number: (307) 634-0446 Email: COMPANIESHOUS MAIL OXANO. CONT. (Email provided will receive annual report minderscate filing twidence) *May list multiple email actions with the control of the control		
LLC-ArticlesOrga	nization - Revised October 2015		



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Consent to Appointment by Registered Agent

		=
COMPANIES HOUSE		
I,	, registered office located at	
(name of registered	d agent)	
1107 W 6TH AVENUE, CHEYENNE, V	voluntarily consent to serve	
* (registered office physical address, ci	ty, state & zip)	
MARK-ET-ING 1	I, LLC	
as the registered agent for	e of business entity)	
I hereby certify that I am in compliance with the	requirements of W.S. 17-28-101 throug	gh W.S. 17-28-111.
Signature: Anne Schmidt (Shall be executed by the regis	Date:	3/2/2016 (mm/dd/yyyy)
Print Name: ANNE SCHMIDT	Daytime Phone: (307) 634	-0446
Title: SECRETARY	Email: COMPANIESHOU	SEMAIL@YAHOO.COM
Registered Agent Mailing Address (if different than above):		
*If this is a current registered agent changing	their registered address on file, com	plete the following:
Previous Registered Office(s):		
 After the changes are made, the street addres This change affects every entity served by more in a certify that the above information is correct W.S. 17-28-111. 	e and I have notified each entity of the regi	stered office change.
Signatura	Date	.
Signature: (Shall be executed by the region)		(mm/dd/yyyy)

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

MARK-ET-ING 1, LLC

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **9th** day of **March**, **2016**.



Filed Date: 03/09/2016

Secretary of State

By: Whitney Harmon