

# State of South Dakota



OFFICE OF THE SECRETARY OF STATE

## Certificate of Organization Domestic LLC

ORGANIZATIONAL ID# DL039539

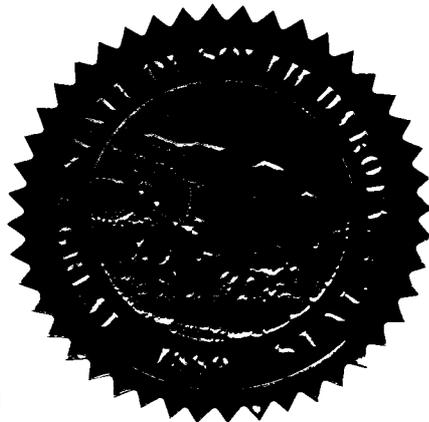
I, **Jason Gant**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of

MD Homes, LLC

duly signed and verified, have been received in this office and are found to conform to law.

**ACCORDINGLY**, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

**IN TESTIMONY WHEREOF**,  
I have hereunto set my hand and  
affixed the Great Seal of the  
State of South Dakota, at Pierre,  
the Capital, this 07/11/2014.



**Jason M. Gant**  
Secretary of State

7/15/2014 8:00:14 AM  
Change ID: 1183406

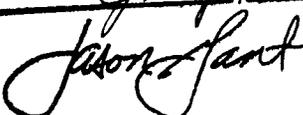
Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

**FILING FEE: \$150** payable to SECRETARY OF STATE

Filed this 11<sup>th</sup> day of July, 2014  
  
SECRETARY OF STATE

RECEIVED  
JUL 11 2014  
S.D. SEC. OF STATE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

## Article I

The name of the company is MD Homes, LLC

The name must contain limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

## Article II

The duration of the company if other than perpetual is \_\_\_\_\_

## Article III

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business.

2904 S. Hidden Place, Unit 8	Sioux Falls	SD	57106-9018
Street Address	City	State	ZIP+4
_____	_____	_____	_____
Mailing Address (Optional)	City	State	ZIP+4

## Article IV

The South Dakota Registered Agent name Michael Dill

2904 S. Hidden Place, Unit 8	Sioux Falls	SD	57106-9018
Street Address or Rural Route Number in This State and	City	State	ZIP+4
_____	_____	_____	_____
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.  
This number can be obtained from the Commercial Registered Agent.

## Article V

The name and address of each organizer

Michael Dill	2904 S. Hidden Place, Unit 8	Sioux Falls	SD	57106-9018
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4
Name	Street Address	City	State	ZIP+4

## Article VI

Check one:

- The company will be member managed.  
 The company will be manager managed.

If this company is to be manager managed, please state the name and address of each initial manager.

Michael Dill	2904 S. Hidden Place, Unit 8	Sioux Falls	SD	57106-9018
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

## Article VII

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303 (c).

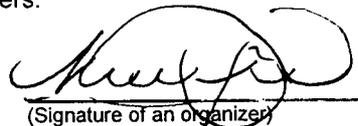
# Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

The Articles of Organization must be executed by the organizers.

Dated 7-08-14

**By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.**



\_\_\_\_\_  
(Signature of an organizer)

Michael Dill  
\_\_\_\_\_  
(Printed Name)

Owner  
\_\_\_\_\_  
(Title)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an organizer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an organizer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an organizer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)



# Secretary of State

**Jason M. Gant**

State Capitol | 500 E. Capitol Ave. | Pierre, South Dakota 57501 | sdsos@state.sd.us | sdsos.gov

**Return To:** S BLEEKER  
2904 S HIDDEN PL #8  
SIOUX FALLS, SD 57106

**From:** Secretary of State Jason M. Gant  
Corporations Division

**Filing Date:** 07/11/2014

**Re:** MD Homes, LLC (DL039539)  
Articles of Organization

The documents on behalf of MD Homes, LLC have been received and filed. Attached is the Certificate along with a receipt for the filing fee of \$150.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
MICHAEL DILL	2904 S HIDDEN PL #8 SIOUX FALLS, SD 57106	\$150.00
<b>Total:</b>		<b>\$150.00</b>

Description	Invoice Date	Qty	Receipt #	Subtotal
Articles of Organization	07/15/2014	1	216522	\$150.00
<b>Total:</b>				<b>\$150.00</b>

**Administration**

Tel: (605) 773-3537  
Fax: (605) 773-6580

**Corporations**

Tel: (605) 773-4845  
Fax: (605) 773-4550

**Uniform Commercial Code**

Tel: (605) 773-3537  
Fax: (605) 773-6580



2015

STATEMENT OF CHANGE OF REGISTERED OFFICE

Enter Filing Year  
Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

DOMESTIC LLC

SDCL 47-34A-211

Please Type or Print Clearly In Ink

FILING FEE: \$10.00 Make check payable to SECRETARY OF STATE

FILE DATE 7/12/2015

RECEIPT NO 318385

Telephone #

1. L.L.C. ID and Name:

DL039539

MD Homes, LLC

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the agent currently on file for this entity.

Agent Name: MICHAEL DILL

2904 S HIDDEN PLACE UNIT 8 SIOUX FALLS SD 57106-9018

Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

4. If the address has changed, its new address.

New Agent Name: MICHAEL L DILL

8909 WEST LAKESIDE DRIVE SIOUX FALLS SD 57107

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

PO BOX 91201 SIOUX FALLS SD 57109

Mailing Address in This State, if Different from Street Address City State ZIP+4

mike@mikedillhomes.com

Email Address (Optional)

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 07/12/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email mike@mikedillhomes.com

MICHAEL L DILL

(Optional)

(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

2015

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211

Enter Filing Year  
Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 7/12/2015

RECEIPT NO 318385

Telephone #

1. L.L.C. ID and Name:

DL039539

MD Homes, LLC

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

8909 WEST LAKESIDE DRIVE SIOUX FALLS SD 57107

Actual Street Address or Rural Route Box Number City State ZIP+4

PO BOX 91201 SIOUX FALLS SD 57109

Mailing Address, if Different from Street Address City State ZIP+4

mike@mikedillhomes.com

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL L DILL

8909 WEST LAKESIDE DRIVE SIOUX FALLS SD 57107

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

PO BOX 91201 SIOUX FALLS SD 57109

Mailing Address in This State, if Different from Street Address City State ZIP+4

mike@mikedillhomes.com

Email Address (Optional)

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 07/12/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

Email mike@mikedillhomes.com

MICHAEL L DILL

(Optional)

(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.

2016

Enter Filing Year

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 5/2/2016

RECEIPT NO 410756

1. LLC ID and Name:

DL039539

Enter LLC ID

MD Homes, LLC

Enter LLC Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

8909 WEST LAKESIDE DRIVE SIOUX FALLS SD 57107

Actual Street Address or Rural Route Box Number City State ZIP+4

PO BOX 91201 SIOUX FALLS SD 57109

Mailing Address, if Different from Street Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: MICHAEL L DILL

8909 WEST LAKESIDE DRIVE SIOUX FALLS SD 57107

Actual Street Address or Rural Route Box Number in This State City State ZIP+4

PO BOX 91201 SIOUX FALLS SD 57109

Mailing Address in This State, if Different from Street Address City State ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

Manager Actual Street Address City State ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically  
\_\_\_\_\_  
(Signature of an Authorized Person)  
**MICHAEL L DILL**  
\_\_\_\_\_  
(Printed Name)

\*By signing this form you agree to have both the fee and the form processed electronically.  
A fee of up to \$40 will be assessed for returned payments.

5/2/2016 9:26:18 AM