

Receipt Number: 1799635

File Number **DL016599**



**ARTICLES\_OF\_ORGANIZATION**

For

**ELF CRAFTS LLC**

Filed at the request of:

PORTSURF INTERNATIONAL INC  
17 FOREST HILLS DR  
WASHINGTON MO 63090

*State of South Dakota  
Office of the Secretary of State*

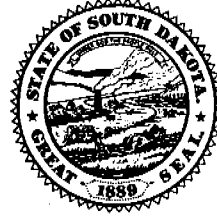
Filed in the office of the Secretary of State on: **Thursday, May 29, 2008**

*Chris Nelson*  
Secretary of State

Fee Received: \$125.00

358 0388 05/30/2008  
DMS 5506

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

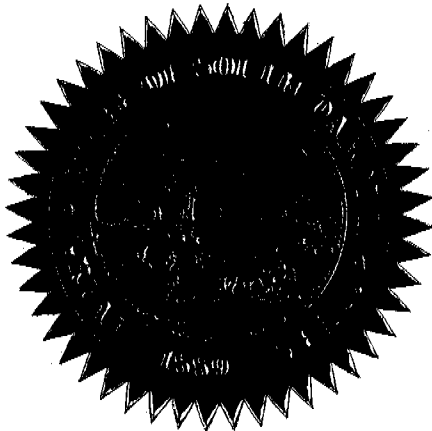
### Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL016599

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **ELF CRAFTS LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, 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 May 29, 2008.



*Chris Nelson*

Chris Nelson  
Secretary of State

Cert of Organization LLC Merge

158 0389 05/30/2008

SECRETARY OF STATE  
STATE CAPITOL  
500 E. CAPITOL AVE.  
PIERRE, S.D. 57501  
605-773-4845

**ARTICLES OF ORGANIZATION  
OF A  
DOMESTIC LIMITED LIABILITY COMPANY**

**RECEIVED  
MAY 29 2008  
S.D. SEC. OF STATE**

1. The name of the Limited Liability Company is: ELF Crafts LLC
2. The duration of the company if other than perpetual is: \_\_\_\_\_
3. The address of the principal designated office is: 47436 294th Street Beresford, SD 57004
4. The name and street address of the initial agent for service of process is: Linda O'Hara 47436 294th Street Beresford, SD 57004

5. The name and address of each organizer:

Linda O'Hara  
47436 294th Street Beresford, SD 57004

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:

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

8. 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 signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date April 9, 2008

Linda O'Hara Linda O'Hara, Organizer/President  
(Signature and Title)

\_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Signature and Title)

**The Consent of Appointment below must be signed by the registered agent.**

**CONSENT OF APPOINTMENT BY THE REGISTERED AGENT**

I, Linda O'Hara, hereby give my consent to serve as the  
(name of registered agent)

registered agent for ELF Crafts LLC  
(limited liability company name)

Dated April 9, 2008 \_\_\_\_\_  
(signature)

**FILING INSTRUCTIONS:**

One or more persons may organize a Limited Liability Company  
One original and one exact or conformed copy must be submitted  
FILING FEE \$125

*DL 16599*

2009

ANNUAL REPORT  
DOMESTIC L.L.C.

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

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 10/13/09  
 RECEIPT NO 1957421  
**RECEIVED**  
**OCT 13 2009**  
**S.D. SEC. OF STATE**

1. L.L.C. Name, Registered Agent Name and Address:



DL016599 MAY/0000  
ELF CRAFTS LLC  
O'HARA, LINDA  
47436 294TH STREET  
BERESFORD SD 57004-6416

Telephone # \_\_\_\_\_  
 FAX # \_\_\_\_\_  
 FILING DATE: Due during the month  
 the Certificate of Organization was  
 issued, and delinquent after the last  
 day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

47436 294th ST Beresford SD 57004  
Street Address City State ZIP+4

Mailing Address (Optional) City State ZIP+4

3. The name of the South Dakota Registered Agent LINDA O'HARA

47436 294th ST Beresford SD 57004  
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

4. 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.

LINDA O'HARA 47436 294th ST Beresford SD 57004  
Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Manager Street Address City State ZIP+4

Dated 10-6-09

[Signature]  
(Signature of an Authorized Manager or Member)

LINDA O'HARA  
(Printed Name)

PRESIDENT/owner  
(Title)

296 3475

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

**FILING FEE: \$10** Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

3. If listing a Commercial Registered Agent, please state their identification number: \_\_\_\_\_

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

Street Address (Required)	City	State	ZIP+4
---------------------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
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5. If the address has changed, its new address

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
--	------	-------	-------

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

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

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

2010

ANNUAL REPORT  
DOMESTIC L.L.C.

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

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE	10/01/10
RECEIPT NO	2072923
<b>RECEIVED</b>	
<b>OCT 01 2010</b>	
<b>S.D. SEC. OF STATE</b>	

1. L.L.C. Name, Registered Agent Name and Address:



\*DL016599\*  
DL016599      MAY/2009  
ELF CRAFTS LLC  
O'HARA, LINDA  
47436 294TH STREET  
BERESFORD SD 57004-6416

Telephone #	_____
FAX #	_____
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.	

2. The address of the principal executive office in or out of the State of South Dakota.

47436 294th Street	Beresford	SD	57004
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4


3. The name of the South Dakota Registered Agent

LINDA O'HARA	47436 294th Street	Beresford	SD	57004
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4	
Mailing Address (Optional - Required to be a South Dakota Address)	City	State	ZIP+4	

4. 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.

LINDA O'HARA	47436 294th St	Beresford	SD	57004-6416
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 9-1-10



(Signature of an Authorized Manager or Member)

LINDA O'HARA

(Printed Name)

President / owner

(Title)

311 1355

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

**FILING FEE: \$10** Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity \_\_\_\_\_  
\_\_\_\_\_

2. The name of the registered agent on file \_\_\_\_\_

The name of the successor registered agent \_\_\_\_\_

3. If listing a Commercial Registered Agent, please state their identification number: \_\_\_\_\_

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

\_\_\_\_\_  
Street Address (Required) City State ZIP+4

\_\_\_\_\_  
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

\_\_\_\_\_  
Street Address (Required to be a South Dakota Address) City State ZIP+4

\_\_\_\_\_  
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

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

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

2011

Enter Filing Year

ANNUAL REPORT

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

FILE 4/28/2013

RECEIPT NO 112720

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

DL016599  
ELF CRAFTS LLC  
47436 294TH ST  
BERESFORD, SD 57004-6416

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

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

47436 294TH ST BERESFORD SD 57004-6416  
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: LINDA O'HARA

47436 294TH STREET BERESFORD SD 57004-6416  
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

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.

<input checked="" type="checkbox"/>	LINDA OHARA	47436 294TH ST	BERESFORD	SD	57004
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	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. By signing this form you agree to have both the fee and the form processed electronically.

Date 04/28/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

LINDA S OHARA

(Printed Name)

2012

Enter Filing Year

## ANNUAL REPORT

FILE 4/28/2013

RECEIPT NO 112721

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

**DOMESTIC LLC**

Please Type or Print Clearly In Ink

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

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

DL016599  
ELF CRAFTS LLC  
47436 294TH ST  
BERESFORD, SD 57004-6416

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

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

47436 294TH ST	BERESFORD	SD	57004-6416
Street Address	City	State	ZIP+4

Mailing Address	City	State	ZIP+4
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## 4. The name of the South Dakota Registered Agent

Agent Name: LINDA O'HARA

47436 294TH STREET	BERESFORD	SD	57004-6416
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
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## 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.

<input checked="" type="checkbox"/>	LINDA OHARA	47436 294TH ST	BERESFORD	SD	57004
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	Street Address	City	State	ZIP+4
<input type="checkbox"/>					
	Manager	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.  
By signing this form you agree to have both the fee and the form processed electronically.

Date 04/28/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

LINDA S OHARA

(Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

FILE 4/28/2013

RECEIPT NO 112722

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

DOMESTIC LLC

Please Type or Print Clearly In Ink

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

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

DL016599
ELF CRAFTS LLC
47436 294TH ST
BERESFORD, SD 57004-6416

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

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

47436 294TH ST BERESFORD SD 57004-6416
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: LINDA O'HARA

47436 294TH STREET BERESFORD SD 57004-6416
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

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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Row 1: [X] LINDA OHARA, 47436 294TH ST, BERESFORD, SD, 57004. Rows 2 and 3 are empty.

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 04/28/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

LINDA S OHARA

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE DATE 3/19/2015

RECEIPT NO 284431

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

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

DL016599
ELF CRAFTS LLC
47436 294TH ST
BERESFORD, SD 57004-6416

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

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

47436 294TH ST BERESFORD SD 57004-6416
Street Address City State ZIP+4
Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: LINDA O'HARA
47436 294TH STREET BERESFORD SD 57004-6416
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

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.

[X] LINDA OHARA 47436 294TH ST BERESFORD SD 57004
Manager Street Address City State ZIP+4
[ ] Manager Street Address City State ZIP+4
[ ] Manager 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. By signing this form you agree to have both the fee and the form processed electronically.

Dated 03/19/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
LINDA S OHARA
(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 3/19/2015

RECEIPT NO 284433

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

DOMESTIC LLC
Please Type or Print Clearly In Ink

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

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

DL016599
ELF CRAFTS LLC
47436 294TH ST
BERESFORD, SD 57004-6416

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

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

47436 294TH ST BERESFORD SD 57004-6416
Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: LINDA O'HARA

47436 294TH STREET BERESFORD SD 57004-6416
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

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.

Table with 5 columns: Manager, Street Address, City, State, ZIP+4. Row 1: [X] LINDA OHARA, 47436 294TH ST, BERESFORD, SD, 57004. Rows 2 and 3 are empty.

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Dated 03/19/2015

Signature Accepted Electronically
(Signature of an Authorized Person)
LINDA S OHARA
(Printed Name)

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 3/3/2016

RECEIPT NO 390282

1. LLC ID and Name:

DL016599

Enter LLC ID

ELF CRAFTS 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).

47436 294TH ST	BERESFORD	SD	57004-6416
Actual Street Address or Rural Route Box Number	City	State	ZIP+4

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

4. The name of the South Dakota Registered Agent

Agent Name: LINDA O'HARA

47436 294TH STREET	BERESFORD	SD	57004-6416
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4

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.

<input checked="" type="checkbox"/>	LINDA OHARA	47436 294TH ST	BERESFORD	SD	57004
	Manager	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Manager	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>					
	Manager	Actual Street Address	City	State	ZIP+4

6. Beneficial Interest (optional)

---

Owner	Description of Ownership	Percentage/Value
-------	--------------------------	------------------

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)

LINDA S O'HARA

(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.

3/3/2016 10:19:11 PM