

# State of South Dakota



## OFFICE OF THE SECRETARY OF STATE

### Certificate of Organization Domestic LLC

ORGANIZATIONAL ID# DL045817

I, **Shantel Krebs**, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of

Spring Creek Hideaway L.L.C.

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 11/12/2015.



*Shantel Krebs*

**Shantel Krebs**  
Secretary of State

11/12/2015 10:23:27 AM

Change ID: 1287369

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4846

# 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 12 day of

NOV 2015

*Shantel Krebs*

SECRETARY OF STATE

## Article I

The name of the company is Spring Creek Hideaway L.L.C.

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.

701 E 7th St Platte SD 57369  
Street Address City State ZIP+4

PO Box 906 Platte SD 57369  
Mailing Address (Optional) City State ZIP+4

## Article IV

The South Dakota Registered Agent name Pamela Veursak

520 E 10th St Platte SD 57369  
Street Address or Rural Route Number in This State and City State ZIP+4

PO Box 906 Platte SD 57369  
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.

RECEIVED  
NOV 12 2015  
S.D. SEC. OF STATE

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

## Article V

The name and address of each organizer

<u>Pamela Veurink</u>	<u>520 E 10th St</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
Name	Street Address	City	State	ZIP+4
<u>Brent Veurink</u>	<u>520 E 10th St</u>	<u>Platte</u>	<u>SD</u>	<u>57369</u>
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.

_____	_____	_____	_____	_____
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 11/04/2015

**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.**

Pamela Veurink  
(Signature of an organizer)

Pamela Veurink  
(Printed Name)

Member  
(Title)

Dated 11/09/2015

Brent Veurink  
(Signature of an organizer)

Brent Veurink  
(Printed Name)

Member  
(Title)

Dated \_\_\_\_\_

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

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

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

Dated \_\_\_\_\_

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

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

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



*South Dakota Secretary of State*  
SHANTEL KREBS

**Return To:** VEURINK INSURANCE AGENCY, LLC  
PO BOX 906  
PLATTE , SD 57369-0906

**From:** Secretary of State Shantel Krebs  
Corporations Division

**Filing Date:** 11/12/2015

**Re:** Spring Creek Hideaway L.L.C. (DL045817)  
Articles of Organization

The documents on behalf of Spring Creek Hideaway L.L.C. 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.

<b>Remitter</b>	<b>Address</b>	<b>Amount Paid</b>
VEURINK PROPERTIES	PO BOX 906 PLATTE , SD 57369-0906	\$150.00
<b>Total:</b>		<b>\$150.00</b>

<b>Description</b>	<b>Invoice Date</b>	<b>Qty</b>	<b>Receipt #</b>	<b>Subtotal</b>
Articles of Organization	11/12/2015	1	350519	\$150.00
<b>Total:</b>				<b>\$150.00</b>

2016

ANNUAL REPORT

FILE DATE 10/26/2016

Enter Filing Year

DOMESTIC LLC

RECEIPT NO 467927

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

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

1. LLC ID and Name:

DL045817

Enter LLC ID

Spring Creek Hideaway L.L.C.

Enter LLC Name

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

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

701 E. 7TH ST PLATTE SD 57369

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

PO BOX 906 PLATTE SD 57369

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

4. The name of the South Dakota Registered Agent

Agent Name: PAMELA VEURINK

520 E 10TH ST PLATTE SD 57369

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

PO BOX 906 PLATTE SD 57369

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)  
**PAMELA VEURINK**  
\_\_\_\_\_  
(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.

10/26/2016 7:45:33 PM