

385 0011

Receipt Number: 2191069

File Number **DL025956**



ARTICLES_OF_ORGANIZATION

For

SJ TERVEEN LLC

Filed at the request of:

**BETHANY BENSON
ATTORNEYS CORPORATION SERVICE INC
5668 EAST 61ST STREET
COMMERCE CA 90040**

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

Filed in the office of the Secretary of State on: **Wednesday, October 12, 2011**


Secretary of State

Fee Received: \$150.00

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Organization Limited Liability Company

ORGANIZATIONAL ID #: DL025956

I, Jason M. Gant, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **SJ TERVEEN 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 caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this October 12, 2011.



Jason M. Gant
Secretary of State

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

RECEIVED

OCT 12 2011

S.D. SEC. OF STATE

Telephone # (800) 462-5487

FAX # (800) 388-0330

185 0013

Filed this 12th day of Oct 2011
James J. Terveen
SECRETARY OF STATE

Article I

The name of the company is SJ Terveen 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.

| | | | |
|-----------------------|-------------|-------|-------|
| 6804 S Braxton Circle | Sioux Falls | SD | 57108 |
| Street Address | City | State | ZIP+4 |

| | | | |
|----------------------------|------|-------|-------|
| Mailing Address (Optional) | City | State | ZIP+4 |
|----------------------------|------|-------|-------|

Article IV

The South Dakota Registered Agent name Scott Terveen

| | | | |
|--|-------------|-------|-------|
| 6804 S Braxton Circle | Sioux Falls | SD | 57108 |
| 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

| | | | | |
|----------------|--------------------|----------|-------|-------|
| Bethany Benson | 5668 E 61st Street | Commerce | CA | 90040 |
| 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.

| | | | | |
|---------|----------------|------|-------|-------|
| 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).

5100 585

| |
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| |
|--|

Dated

Organizer
(Title)

Dated _____

(Title)

Dated _____

(Title)

Dated _____

(Title)

2012

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 10/15/2012

RECEIPT NO 69257

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

DL025956
SJ TERVEEN LLC
6804 S BRAXTON CIRCLE
SIOUX FALLS, SD 57108-3317

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

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

| | | | |
|-----------------------|-------------|-------|------------|
| 6804 S BRAXTON CIRCLE | SIOUX FALLS | SD | 57108-3317 |
| Street Address | City | State | ZIP+4 |
| PO BOX 88621 | SIOUX FALLS | SD | 57109 |
| Mailing Address | City | State | ZIP+4 |

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT TERVEEN

| | | | |
|---|-------------|-------|------------|
| 6804 S BRAXTON CIRCLE | SIOUX FALLS | SD | 57108-3317 |
| 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.

☐

| | | | | |
|---------|----------------|------|-------|-------|
| 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.

Date 10/15/2012

Signature Accepted Electronically

(Signature of an Authorized Person)

SCOTT JAMES TERVEEN

(Printed Name)

2013

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 10/8/2013

RECEIPT NO 144891

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

DL025956
SJ TERVEEN LLC
27112 CARDINAL PLACE
HARRISBURG, SD 57032

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

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

27112 CARDINAL PLACE HARRISBURG SD 57032

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT TERVEEN

6804 S BRAXTON CIRCLE SIOUX FALLS SD 57108-3317

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.

☐

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.

Date 10/08/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

SCOTT J TERVEEN

(Printed Name)

2014

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 DATE 10/7/2014

RECEIPT NO 237177

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

DL025956
SJ TERVEEN LLC
27112 CARDINAL PLACE
HARRISBURG, SD 57032

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

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

27112 CARDINAL PLACE HARRISBURG SD 57032

Street Address City State ZIP+4

PO BOX 88621 SIOUX FALLS SD 57109

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT TERVEEN

6804 S BRAXTON CIRCLE SIOUX FALLS SD 57108-3317

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.

☐

Manager Street Address City State ZIP+4

☐

Manager Street Address City State ZIP+4

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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 10/07/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

SCOTT JAMES TERVEEN

(Printed Name)

2015

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

Please Type or Print Clearly In Ink

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

FILE DATE 10/20/2015

RECEIPT NO 344964

Telephone #

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

DL025956

SJ TERVEEN LLC

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

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

27112 CARDINAL PLACE HARRISBURG SD 57032

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

PO BOX 88621 SIOUX FALLS SD 57109

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

Email Address (Optional)

4. The name of the South Dakota Registered Agent

Agent Name: SCOTT TERVEEN

6804 S BRAXTON CIRCLE SIOUX FALLS SD 57108-3317

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

Email Address (Optional)

5. The names and addresses of its managers (governors). If the LLC is member-managed, the names and addresses of the members (governors) 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 10/20/2015

Email

(Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

SCOTT J TERVEEN

(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.

10/20/2015 2:51:36 PM