

398 5422

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 2/14 day of

May 2013
Jason Gant

SECRETARY OF STATE

RECEIVED

AUG 21 2013

S.D. SEC. OF STATE

Telephone # 610-360-7550

FAX # 866-615-2204

Article I

The name of the company is Dakota Note, LLC

DL034811

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 N/A

Article III

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

110 East Center Street # 567	Madison	SD	57042-2908
Street Address	City	State	ZIP+4
Mailing Address (Optional)			
	City	State	ZIP+4

Article IV

The South Dakota Registered Agent name InCorp Services, Inc.

400 North Main Avenue, Suite 206	Sioux Falls	SD	57104-5979
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.

CR000010

Article V

The name and address of each organizer

Arick D. Amspacker	110 E Center St, #1815	Madison	SD	57042-2908
Name	Street Address	City	State	ZIP+4
Karen S. Amspacker	110 E Center St, #1815	Madison	SD	57042-2908
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).

No

Article VIII

398 5424 08/29/2013 Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

NONE

The Articles of Organization must be executed by the organizers.

Dated Aug. 16, 2013

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.

Dated Aug 16, 2013

Dated _____

Dated _____



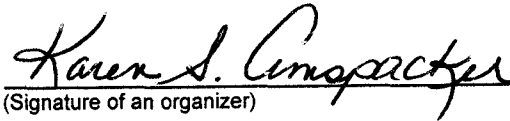
(Signature of an organizer)

Arick D. Amspacker

(Printed Name)

Member

(Title)



(Signature of an organizer)

Karen S. Amspacker

(Printed Name)

Member

(Title)

(Signature of an organizer)

(Printed Name)

(Title)

(Signature of an organizer)

(Printed Name)

(Title)

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 8/26/2014

RECEIPT NO 225964

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

DL034811
DAKOTA NOTE, LLC
110 EAST CENTER STREET #567
MADISON, SD 57042

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

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

110 EAST CENTER STREET #567 MADISON SD 57042

Street Address City State ZIP+4

Mailing Address City State ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206 SIOUX FALLS SD 57104-5979

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.

☐ ARICK D AMSPACKER 110 EAST CENTER STREET, # MADISON SD 57042
1815

Manager Street Address City State ZIP+4

☐ KAREN S AMSPACKER 110 EAST CENTER STREET, # MADISON SD 57042
1815

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 08/26/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

ARICK D AMSPACKER

(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 7/31/2015

RECEIPT NO 324026

Telephone #

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

DL034811

DAKOTA NOTE, LLC

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

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

110 EAST CENTER STREET #567 MADISON SD 57042

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

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: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206 SIOUX FALLS SD 57104-5979

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 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 type="checkbox"/>	ARICK D AMSPACKER	110 EAST CENTER STREET, # 1815	MADISON	SD	57042
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Manager	Actual Street Address	City	State	ZIP+4
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<input type="checkbox"/>	KAREN S AMSPACKER	110 EAST CENTER STREET, # 1815	MADISON	SD	57042
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Manager	Actual Street Address	City	State	ZIP+4
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.

Dated 07/31/2015

Email

(Optional)

Signature Accepted Electronically

(Signature of an Authorized Person)

ARICK D AMSPACKER

(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.

7/31/2015 12:56:14 PM

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 9/2/2016

RECEIPT NO 451977

1. LLC ID and Name:

DL034811

Enter LLC ID

DAKOTA NOTE, 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).

110 EAST CENTER STREET #567 567

MADISON

SD

57042

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: INCORP SERVICES, INC.

400 NORTH MAIN AVE., STE. 206

SIOUX FALLS

SD

57104

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.

☐

ARICK D AMSPACKER

110 EAST CENTER STREET, #
1815

MADISON

SD

57042

Manager

Actual Street Address

City

State

ZIP+4

☐

KAREN S AMSPACKER

110 EAST CENTER STREET, #
1815

MADISON

SD

57042

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 09/02/2016

Signature Accepted Electronically

(Signature of an Authorized Person)

ARICK D AMSPACKER

(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically.
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9/2/2016 3:49:59 PM