

# NORTH CAROLINA Department of the Secretary of State

### To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

#### ARTICLES OF ORGANIZATION

**OF** 

#### PENROCK LLC

the original of which was filed in this office on the 29th day of April, 2016.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of April, 2016.

Elaine J. Marshall

**Secretary of State** 

## State of North Carolina Department of the Secretary of State

SOSID: 1513941
Date Filed: 4/29/2016 9:10:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2016 110 02186

## Limited Liability Company ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

The nume of the min	ted liability company is: Penrock LLC				
The name and addre whether each person	(See Item 1 of the Instructions for appropriate entity designation) as of each person executing these articles of organization is as follows: (State is executing these articles of organization in the capacity of a member, organize adocument must be signed by all persons listed.)				
David Biedermann, 251 Knoxview Lane, Mooresville, NC 28117 - both member/organ					
The name of the init	ial registered agent is: David Biedermann				
	d county of the initial registered agent office of the limited liability company is:				
	251 Knoxview Lane				
Number and Street _	1 Miozview Laile				
City Mooresville	State: NC Zip Code: 28117 County: Iredell				
The mailing address	if different from the street address of the initial registered agent office is:				
	if different from the street address, of the initial registered agent office is:				
	if different from the street address, of the initial registered agent office is:				
Number and Street _					
Number and Street _ City	State: NC Zip Code: County:				
Number and Street _ City					
Number and Street _ City Principal office inform	State: NC Zip Code: County:				
Number and Street _ City Principal office information aThe limited li	State: NC Zip Code: County: rmation: (Select either a or b.)				
Number and Street City  Principal office informa.	State: NC Zip Code: County: rmation: (Select either a or b.) ability company has a principal office. telephone number:				
Number and Street City  Principal office informa.	State: NC Zip Code: County:  rmation: (Select either a or b.)  ability company has a principal office.  telephone number:  ad county of the principal office of the limited liability company is:				
Number and Street City  Principal office informa.	State: NC Zip Code: County: rmation: (Select either a or b.) ability company has a principal office. telephone number:				

CORPORATIONS DIVISION (Revised January 2014)

P.O. Box 29622 1 RALEIGH, NC 27626-0622 (Form L-01)

The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.  9. These articles will be effective upon filing, unless a future date is specified:		City	State:	Zip Code:	County:				
are attached.  8. (Optional): Please provide a business e-mail address: Privacy Reduction  The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.  9. These articles will be effective upon filing, unless a future date is specified:  This is the 19 day of April , 20 16  David biodarmann  Signature  David Biedermann, President  Type or Print Name and Title  Type or Print Name and Title  Type and Print Name and Title		b. The limited liability company does not have a principal office.							
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.  9. These articles will be effective upon filing, unless a future date is specified:	7.								
This is the 19 day of April , 20 16 .  David bisdermann  Signature  David Biedermann, President  Type or Print Name and Title  he below space to be used if more than one organizer or member is listed in Item #2 above.  Signature  Signature  Type and Print Name and Title	8.	The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more							
Signature  David Biedermann, President Type or Print Name and Title  The below space to be used if more than one organizer or member is listed in Item #2 above.  Signature  Signature  Type and Print Name and Title	9.	These articles will be effective upon filing, unless a future date is specified:							
Signature  David Biedermann, President Type or Print Name and Title  The below space to be used if more than one organizer or member is listed in Item #2 above.  Signature  Signature  Type and Print Name and Title	This	is the 19 day of April	, 20_						
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Type or Print Name and Title  The below space to be used if more than one organizer or member is listed in Item #2 above.  Signature  Type and Print Name and Title  Type and Print Name and Title  Signature  Signature  Type and Print Name and Title					Signature	_			
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Type and Print Name and Title  Type and Print Name and Title  NOTES:		Type and Print Name and	Title	Туре	and Print Name and Title	_			
NOTES:		Signature			Signature	_			
		Type and Print Name and	<u>Fitle</u>	Туре	and Print Name and Title	_			
			locument must b	e filed with the Sec	retary of State.				

Certification# C201611002186-1 Reference# C201611002186- Page: 3 of 3

(Revised January 2014)

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