

FILING FEE: \$135.00

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ATTACHMENT: Initial Report for Farming or Ranching is required of limited liability companies engaged in farming or ranching.

TYPE OR PRINT LEGIBLY	SEE	INSTRUCTIONS FOR FEE	, FILING AND MAILING INFORMATION
The undersigned natural persons of the age of eighteen years (check one)	s or more, acting a	s organizers, adopt the following	ng Articles of Organization according to:
X North Dakota Limited Liability Company Act (N	orth Dakota Cen	tury Code, Chapter 10-32.1) (for general business purposes)
North Dakota Corporate or Limited Liability Cor	mpany Farming A	Act (North Dakota Century (Code, Chapter 10-06.1)
Article 1. Name of Limited Liability Company (Name MUST in SB NEUMAN FAMILY ND LLC	clude "limited liabi	lity company", "L.L.C." or "LLC	")
Article 1A. Address of Principal Executive Office (Street/RR, I office box.		e, ZIP+4) Street address <u>MUS</u>	T be provided; may not be only a post
232 MAIN STREET NORTH, WATFORD CITY, N			
Article 2A. Name of commercial registered agent in North Da	OF	JAKE WALTERS	ommercial registered agent in North Dakota
Article 2C. Address of <u>noncommercial</u> registered agent in <u>No</u> may not be only a post office box.		/RR, PO Box, City, State, ZIP+	4) Street address <u>MUST</u> be provided;
232 MAIN STREET NORTH, WATFORD CITY, N			
Article 3. The Limited Liability Company shall be effective: (characteristics) When filed with the Secretary of State		ater on (month, day, year):	
Article 4. The existence of the limited liability company shall be	e perpetual (indefin	ite), OR	
Article 5 Purposes for which the Limited Liability Company is			
Article 5. Purposes for which the Limited Liability Company is	organized are gen	erai business purposes, OR	
Article 6. Other provisions elected for inclusion		~	
Article 6. Other provisions elected for inclusion		•*	
Article 7. Name and address of each organizer			
Name	Con	nplete Mailing Address (Street/	RR, PO Box, City, State, ZIP+4)
STEVEN NEUMAN	85 DELANCEY ST., NEW YORK, NY 10002		
		1990-1-1-1	
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"I (We), the above named organizer(s), have read the foregoin therein to be true. I (We) further authorize the Secretary of Stamake a false statement in this document, I (we) may be subject	ate to correct Article	es 2A, 2B, and 2C if not correct	eof, and believe the statements made tly reflected. I (We) understand that if I (we)
Signature			Date 9/1/16
Signature			Date
Signature			Date
Name of Person to Contact About this Document	Email Address		Daytima Talanhana Numbar
ALEX ENGLARD		statefilings.com	Daytime Telephone Number (718) 569-2703