

# State of Missouri

Denny Hoskins, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

# **Articles of Organization**

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

### GOOD COMPANIONS HOUSE LLC

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

## TO SELL MY SERVICES IN USA ON MY WEBSITE

3. The name and address of the limited liability company's registered agent in Missouri is: BENJAMIN

N	MARSHAK	7138 VERNON AVE		UNIVERS	ITY CY, MO 63130-2301
	Name	Street Address: May not use PO Box unless street add	dress also provided	City/State/Zip	,
4.	The management of th	e limited liability company is vested in:	□ managers	I members	(check one)
5.	5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: <u>Perpetual</u> ( <i>The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant</i> )				
6.	The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address): (Organizer(s) are not required to be member(s), manager(s) or owner(s)				

Name	Address	City/State/Zip
		UNIVERSITY CY MO
SMITH, ELLIE MAI	7138 VERNON AVE	63130-2301

7. Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

 $\Box$  The limited liability company gives notice that the series has limited liability.

New Series:

 $\Box$  The limited liability company gives notice that the series has limited liability.

New Series:

 $\Box$  The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: THOMAS JUSTIN

Address: <u>Email: admin@HOUSEFRAGRANCE.store</u>

City, State, and Zip Code:

8. Principal Office Address (OPTIONAL) of the limited liability company (PO Box may only be used in addition to a physical street address):

UNIVERSITY CY, MO 63130-2301

9. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: :

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

7138 VERNON AVE

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo) **All organizers must sign:** 

 ELLIE MAI SMITH
 ELLIE MAI SMITH
 04/13/2025

 Organizer Signature
 Printed Name
 Date of Signature

# STATE OF MISSOURI

# Denny Hoskins Secretary of State

## CERTIFICATE OF ORGANIZATION

WHEREAS,

## GOOD COMPANIONS HOUSE LLC LC014624875

filed its Articles of Organization with this office on the 13th day of April, 2025, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, Denny Hoskins, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 13th day of April, 2025, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 13th day of April, 2025.

Sécretary of State

