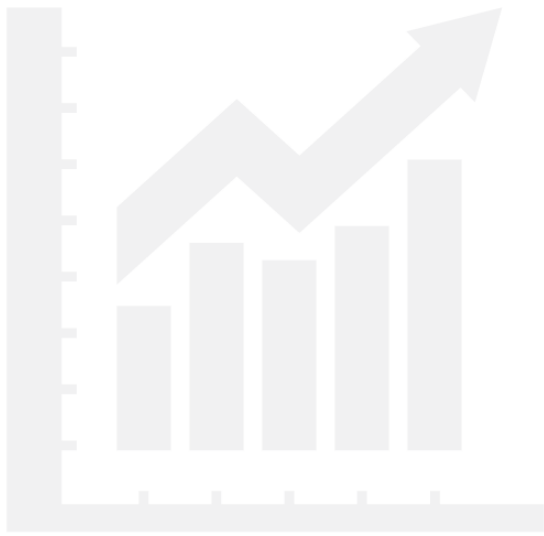


Articles of Organization



A set of formal documents filed with the Secretary of State to legally document the creation of a new business entity.





STATE OF MONTANA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED
LIABILITY COMPANY

STATE OF MONTANA
-FILED-
SECRETARY OF STATE
File Number: 16183461
Date Filed: 4/11/2024 12:00:38 PM

Filing Fees & Processing Options	
Fees and Processing Options	Standard Processing - \$35.00 - Up to 7 - 10 business days processing
Filing Effective Date	
The entity will be effective:	when filed with the Secretary of State
Limited Liability Company Type	
Type of Limited Liability Company	Limited Liability Company (LLC)
Limited Liability Company Name	
Entity Name	LMODIR LLC
Term	
Term Expiration	Perpetual / Ongoing
Business Purpose	
Purpose	DESIGN SERVICES - STYLE MEETS SOPHISTICATION! WE OFFER A CURATED COLLECTION OF TRENDY AND TIMELESS FASHION PIECES THAT INSPIRE CONFIDENCE AND SELF-EXP
Business Mailing Address of Principal Office	
Address	930 RICHISON DRIVE CHINOOK, MT 59523
Business Physical Address of Principal Office	
<input checked="" type="checkbox"/> Add Physical Address	
Address	930 RICHISON DRIVE CHINOOK, MT 59523
Registered Agent In Montana	
Registered Agent	REPUBLIC REGISTERED AGENT LLC Commercial Registered Agent Agent Number CRA1322144 Email Address efile1234@republicregisteredagent.com Website Physical Address 127 N HIGGINS AVE STE 307D MISSOULA, MT 59802 Mailing Address 127 N HIGGINS AVE STE 307D MISSOULA, MT 59802-4486
<input checked="" type="checkbox"/> The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.	
LLC Management	
LLC Managed By	Members
Are Members Liable?	No
Members	

Name Of Individual Or Business Entity	Business Mailing Address	Email Address
MOHAMED MEQOR	930 RICHISON DRIVE CHINOOK, MT 59523	EFILE1234@INCFIL.COM

Declarations

☒ I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.

☒ I have been authorized by the business entity to file this document online.

☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<u>Self</u>	<u>LOVETTE DOBSON</u>	<u>04/11/2024</u>
Signer's Capacity	Sign Here	Date

Position Organizer

Daytime Contact

Phone Number	(888) 462-3453
Email	EFILE1234@INCFIL.COM