







## **STATE OF MONTANA**

SECRETARY OF STATE ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED LIABILITY COMPANY

FILING FEE: \$70.00

For Office Use Only STATE OF MONTANA

-FILED-SECRETARY OF STATE

File Number: 15065677 Date Filed: 1/11/2022 10:22:23 AM

Filing Fees & Processing Options				
Fees and Processing Options	Standard Process processing	Standard Processing - \$70.00 - Up to 7 - 10 business days processing		
Filing Effective Date				
The entity will be effective:	when filed with the	when filed with the Secretary of State		
Limited Liability Company Type				
Type of Limited Liability Company	Limited Liability C	ompany (LLC)		
Limited Liability Company Name				
Entity Name	LONE MOUNTAIN	N LOGISTICS, LLC		
Term				
Term Expiration	Perpetual / Ongoi	Perpetual / Ongoing		
Business Purpose	· actorio ADD			
Purpose	LOGISTIC - ARRA OFFS	LOGISTIC - ARRANGE TRUCKING PICKUPS AND DROF OFFS		
Business Mailing Address of Principal Office				
Address		128 S HARRISON AVE TOWNSEND, MT 59644		
Business Physical Address of Principal Office				
Add Physical Address				
Registered Agent In Montana				
Registered Agent	Registered Agent	Registered Agent MICHAEL ANDERSON EFILE1234@INCFILE.COM Physical Address: 128 S HARRISON AVE TOWNSEND, MT 59644-2708		
	Physical Address:			
	Mailing Address:	59644-2106		
128 S HARRISON AVE TOWNSEND, MT 59644-2708				
The appointment of the registered ager consented to serve as a registered age		represented entity that the agent has		
LLC Management				
LLC Managed By	Members	Members		
Are Members Liable?	No	No		
Members				
Name Of Individual Or Business Entity	Business Mailing Address	Email Address		
MICHAEL ANDERSON	128 S HARRISON AVE	EFILE1234@INCFILE.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.						
$\boxtimes$	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.						
Signat	ure						
Self		LOVETTE DO	DBSON	01/11/2022			
Signe	er's Capacity	Sign Here		Date			
Pos	sition		Organizer				
Daytin	ne Contact						
Phone Number		(888) 462-3453					
Email			EFILE1234@INCFILE.COM				

Page 2 of 2