

Office of the Minnesota Secretary of State Certificate of Organization

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: Prestiege Consulting and Marketing LLC Limited Liability Company

File Number: 1218515600022

Minnesota Statutes, Chapter: 322C

This certificate has been issued on: 02/17/2021



A handwritten signature in black ink that reads "Steve Simon". The signature is written in a cursive, flowing style.

Steve Simon
Secretary of State
State of Minnesota

Office of the Minnesota Secretary of State
Minnesota Limited Liability Company/Articles of Organization
Minnesota Statutes, Chapter 322C



The individual(s) listed below who is (are each) 18 years of age or older, hereby adopt(s) the following Articles of Organization:

ARTICLE 1 - LIMITED LIABILITY COMPANY NAME:

Prestiege Consulting and Marketing LLC Limited Liability Company

ARTICLE 2 - REGISTERED OFFICE AND AGENT(S), IF ANY AT THAT OFFICE:

Name

Address:

951Lowry Ave NE #108 Minneapolis MN 55418 USA

ARTICLE 3 - DURATION: PERPETUAL

ARTICLE 4 - ORGANIZERS:

Name:

Address:

Abdirashid Said

**951 Lowry Ave NE #106 Minneapolis MN 55418
USA**

PROFESSIONAL STATUS:

Accountancy

This professional firm elects to operate and acknowledges that it is subject to Minnesota Statutes, Sections 319B.01 to 319B.12. The professional service(s) to be performed is listed here.

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

SIGNED BY: Abdirashid Said

MAILING ADDRESS: 951 Lowry Ave NE #108 Minneapolis MN 55418

EMAIL FOR OFFICIAL NOTICES: None Provided



Work Item 1218515600022
Original File Number 1218515600022

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
02/17/2021 11:59 PM

Steve Simon

Steve Simon
Secretary of State