Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845 corpinfo@state.sd.us

ARTICLES OF ORGANIZATION & QUALIFICATION OF MASTER SERIES

DOMESTIC LIMITED LIABILITY COMPANY SDCL 47-34A-203, 212

FILING FEE: \$200

Make Check payable to SECRETARY OF STATE

A	rticle I		
he name of the company:			
Note: The name must contain Limited Liability Company, Limited Corabbreviated as Ltd. and company may be abbreviated as Co. (SDCL	mpany or the abbreviation L.L 47-34A-105, 47-1A-401)	C., LLC, L.C. or LC. Limited	d may be
Ar	ticle IA		
ne purpose or purposes for which the LLC is to be organ	nized: (Optional)		
Ar	ticle II		
he address of the initial designated office in or out of the usiness:	State of South Dakota	where the company co	nducts its
usilless.			
Actual Street Address	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			
	ticle III		
	OCL 59-11-6		
e South Dakota Registered Agent (Complete only ONE o	ption below, EITHER (a	ı) or (b)):	
(a) The South Dakota Noncommercial Registered Age	nt's name:		
Actual Street Address in this State	City	State	ZIP+4
Mailing Address in this State, if Different from Street Address	City	State	ZIP+4
Email Address (Optional)			
(b) When listing a Commercial Registered Agent, pleas Commercial Registered Agent.	se state their CRA#. Th	is number can be obta	ined from th
Name			
Name	CRA#		

Article IV

The name	and	address	of	each	organizer:

Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
	Article \	/		
e duration of the com	pany if other than perpetual is			
	Article V	′ I		
neck one:				
The o	company will be member-managed.			
 1	company will be manager-managed.			
The o	oompany nii somanago. managoa.			
	manager-managed, please state the name	e and address of each in	itial manager:	
		and address of each in	itial manager:	
the company is to be r		e and address of each in	itial manager:State	Zip+4
the company is to be r	manager-managed, please state the name			Zip+4 Zip+4
the company is to be r	manager-managed, please state the name Street Address	City	State	
the company is to be r	Street Address Street Address	City City	State	Zip+4
	Street Address Street Address	City City City	State	Zip+4
the company is to be r Manager Manager Manager Manager	Street Address Street Address Street Address	City City City	State State State	Zip+4 Zip+4
the company is to be r Manager Manager Manager Manager	Street Address Street Address Article V	City City City	State State State	Zip+4 Zip+4
Manager Manager Manager Manager Manager Manager Manager	Street Address Street Address Article V	City City City II	State State State	Zip+4 Zip+4
Manager Manager Manager Manager Manager Manager Manager	Street Address Street Address Street Address Article V liability company is authorized to establish	City City City II	State State State	Zip+4 Zip+4
Manager Manager Manager Manager Manager Manager Manager	Street Address Street Address Street Address Article V liability company is authorized to establish	City City City One or more series and more series under SDCI	State State State	Zip+4 Zip+4
Manager Manager Manager Manager Manager Manager Manager Macate that the limited DCL §47-34A-702. Yes,	Street Address Street Address Street Address Article V liability company is authorized to establish the LLC is authorized to establish one or Article V t inconsistent with law, which the members	City City City One or more series and more series under SDCI	State State State State State	Zip+4 Zip+4 ired unde

any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36). Dated _____ Signature of Organizer Printed Name Title Dated _____ Signature of Organizer Printed Name Title Dated _____ Signature of Organizer Printed Name Title Dated _____ Signature of Organizer Printed Name

Title

The Articles of Organization must be executed by the organizers. No person may execute this report knowing it is false in