



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
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Registry Number: 957287-97  
Type: DOMESTIC LIMITED LIABILITY COMPANY

Next Renewal Date: 08/14/2014

DIANE M FREANEY  
949 NW OVERTON ST UNIT 609  
PORTLAND OR 97209

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

**Document**

ARTICLES OF ORGANIZATION

**Filed On**  
08/14/2013

**Jurisdiction**  
OREGON

**Name**  
DMF IRA, LLC

**Registered Agent**  
DIANE M FREANEY  
949 NW OVERTON ST UNIT 609  
PORTLAND OR 97209

**Member**  
DIANE M FREANEY IRA  
949 NW OVERTON ST UNIT 609  
PORTLAND OR 97209

**Manager**  
DIANE M FREANEY  
949 NW OVERTON ST UNIT 609  
PORTLAND OR 97209



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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OREGON SECRETARY OF STATE

REGISTRY NUMBER:

957 287 -97

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In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

DMF IRA, LLC

2) DURATION: (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is

Duration shall be perpetual.

3) REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Diane M. Freaney

4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

949 NW Overton St. Unit 609

Portland, OR 97209

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

949 NW Overton St. Unit 609

Portland, OR 97209

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)

JOSE MOJICA

C/O BLUMBERGEXCELSIOR, 16 COURT ST., 14TH FL

BROOKLYN, NY 11241

7) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

This LLC will be member-managed by one or more members.

This LLC will be manager-managed by one or more managers.

8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES,

DESCRIBE THE SERVICE(S) BEING RENDERED:

9) OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160.

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS: (MEMBERS) (Names and Street address)

Diane M. Freaney IRA

949 NW Overton St. Unit 609

Portland, OR 97209

11) MANAGERS: (MANAGERS) (Names and Street address)

Diane M. Freaney

949 NW Overton St. Unit 609

Portland, OR 97209

12) EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer) (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Handwritten signature]

Printed Name:

JOSE MOJICA

Title:

Organizer

Organizer

Organizer

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

Required Processing Fee \$100

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