

ARTICLES OF ORGANIZATION



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E-FILED
Jul 06, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

169037992

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

TASTY THERAPY LLC

2. MAILING ADDRESS

705 KINGSTON LACY BLVD
PFLUGERVILLE TX 78660 USA

3. PRINCIPAL PLACE OF BUSINESS

5263 32ND AVE
PORTLAND OR 97211 USA

4. NAME & ADDRESS OF REGISTERED AGENT

RYAN HAYES

5263 NE 32ND AVE
PORTLAND OR 97211 USA

5. ORGANIZERS

RYAN HAYES

705 KINGSTON LACY BLVD
PFLUGERVILLE TX 78660 USA

JONATHAN WYKOFF

5263 NE 32ND AVE
PORTLAND OR 97211 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

RYAN HAYES

705 KINGSTON LACY BLVD
PFLUGERVILLE TX 78660 USA

JONATHAN WYKOFF

5263 NE 32ND AVE
PORTLAND OR 97211 USA



7. DURATION

PERPETUAL

8. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

9. PROFESSIONAL SERVICES

Accountants

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

RYAN HAYES

TITLE

CO-OWNER OF TASTY THERAPY

DATE SIGNED

07-03-2020