

## 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: Riverdale Ventures Legacy, LLC

File Number: 958746400024

Minnesota Statutes, Chapter: 322C

This certificate has been issued on: 07/25/2017



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:**

**Riverdale Ventures Legacy, LLC**

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

Name

Address:

**3200 Main Street NW Coon Rapids MN 55448 USA**

**ARTICLE 3 - DURATION: PERPETUAL**

**ARTICLE 4 - ORGANIZERS:**

Name:

Address:

**Jeffrey S. Johnson**

**Barna, Guzy & Steffen, Ltd. 200 Coon Rapids  
Boulevard NW, Suite 400 Coon Rapids  
Minnesota 55433 United States**

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: Jeffrey S. Johnson**

**MAILING ADDRESS: None Provided**

**EMAIL FOR OFFICIAL NOTICES: leegard@shamrockcompanies.com**



**Work Item 958746400024**  
**Original File Number 958746400024**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**07/25/2017 11:59 PM**

*Steve Simon*

Steve Simon  
Secretary of State