

STATE OF MONTANA

SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED LIABILITY COMPANY

-FILED-

SECRETARY OF STATE

File Number: 16448636 Date Filed: 1/22/2025 12:35:10 PM

Filing Fees & Processing Options			
Fees and Processing Options	24 Hour Pr day	rocessing - \$55.00 - Processed within 1 business	
Filing Effective Date			
The entity will be effective:	when filed	with the Secretary of State	
Limited Liability Company Type			
Type of Limited Liability Company	Limited Liability Company (LLC)		
Limited Liability Company Name			
Entity Name	DELMARK	ET DEVELOP LLC	
Term			
Term Expiration	Perpetual /	Perpetual / Ongoing	
Business Purpose			
Purpose	Software d	Software development	
Business Mailing Address of Principal Office			
Address		1855 S VRAIN ST DENVER, CO 80219	
	DENVER,	CO 80219	
Business Physical Address of Principal Office			
☐ Add Physical Address			
Registered Agent In Montana			
Registered Agent		Registered Agent	
	Glenna Penley paul.george.718@outlook.com Physical Address:		
	4441 RYAI	N AVE	
		MT 59101-4938	
		Mailing Address: 4441 RYAN AVE	
	4441 RYAI	N AVF	
		N AVE . MT 59101-4938	
The appointment of the registered ag	BILLINGS,	MT 59101-4938	
The appointment of the registered ag-	BILLINGS, ent listed above is an affirmation		
	BILLINGS, ent listed above is an affirmation	MT 59101-4938	
consented to serve as a registered ac	BILLINGS, ent listed above is an affirmation	MT 59101-4938	
consented to serve as a registered ag	BILLINGS, ent listed above is an affirmation l gent.	MT 59101-4938	
consented to serve as a registered ac	BILLINGS, ent listed above is an affirmation gent. Members	MT 59101-4938	
consented to serve as a registered action. LLC Management LLC Managed By Are Members Liable?	BILLINGS, ent listed above is an affirmation gent. Members	MT 59101-4938	

Declarations

I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.

☑ I have been authorized by the business entity to file this document online.

I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in thi document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.				
Signature				
Self	Michael Eller	01/22/2025		
Signer's Capacity	Sign Here	Date		
Position	Organizer			
Daytime Contact				
Phone Number	(498) 765-0238			
Email	howard.marshall.438@outlook.com			