Entity #: 4183309 Date Filed: 04/25/2013 Carol Aichele Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Organization Domestic Limited Liability Company (15 Pa.C.S. § 8913)

Name Karina Pulskamp	****		Commonwealth of Pennsylvania CERTIFICATE OF ORGANIZATION 3 Page(s)		
ddress /o Esquire Assist Counter Pickup			LADARET AN ELEKTRISTEN AND HAN HAN HAN AND HAN AND HAN AND HAN		
City State	Zip Code	· · · · · · · · · · · · · · · · · · ·			
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\$125					
In compliance with the requ	irements of 15 Pa.C	C.S. § 8913 (rela	ting to certificate	of organization), the unde	
ng to organize a limited liabili	ty company, hereb	y certifies that:			
1. The name of the limited liabili liability company" or abbrevia	ty company (designation):	ator is required, i.	e., "company", "li	mited" or "limited	
Double Wood LLC					
Double Wood LLC					
	liability company's i	initial registered o	ffice in this Comm	onwealth or (b) name of	
2. The (a) address of the limited	liability company's i ce provider and the c City	initial registered o county of venue is State	ffice in this Comm: : Zip	onwealth or (b) name of County	
2. The (a) address of the limited its commercial registered offi (a) Number and Street (b) Name of Commercial Re	City Gistered Office Provi	State	•	County	
The (a) address of the limited its commercial registered offi (a) Number and Street	City Gistered Office Provi	State	•	County	
2. The (a) address of the limited its commercial registered offi (a) Number and Street (b) Name of Commercial Recion Registered Agent Solutions, Inc. 3. The name and address, includi	ce provider and the c	State	: Zip	County County Dauphin	
2. The (a) address of the limited its commercial registered offi (a) Number and Street (b) Name of Commercial Rec/o: Registered Agent Solutions, Inc. 3. The name and address, including page 2): Name	City gistered Office Provi	State	: Zip	County County Dauphin	
2. The (a) address of the limited its commercial registered offi (a) Number and Street (b) Name of Commercial Rec/o: Registered Agent Solutions, Inc. 3. The name and address, including page 2):	City gistered Office Provi	State State ider r, if any, of each c	: Zip	County County Dauphin	
2. The (a) address of the limited its commercial registered offi (a) Number and Street (b) Name of Commercial Rec/o: Registered Agent Solutions, Inc. 3. The name and address, including page 2): Name	ce provider and the c City gistered Office Provi	State State ider r, if any, of each c	: Zip	County County Dauphin	
2. The (a) address of the limited its commercial registered office) (a) Number and Street (b) Name of Commercial Recolor: Registered Agent Solutions, Inc. 3. The name and address, including page 2): Name Reese Wood-22 Lindsey Ave. Dange	ce provider and the c City gistered Office Provi	State State ider r, if any, of each c	: Zip	County County Dauphin	

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4	Strike our if inapplicable term
7	A member's interest in the company is to be evidenced by a certificate of membership interest
•	The members of membership in the continuous many is to be evidenced by a certificate of membership interest
	Total Line Line
	Strike out if inapplicable:
. 1	Management of the company is vested in a manager or managers.
· 1	he specified effective date, if any is:
, 1	
	month date year hour, if any
-S	trike out if inapplicable: The company is a restricted professional company organized to render the following estricted professional service(s):
Fo	or additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIM	IONY WHE	REOF, the organizer(s) f Organization this	has (have)
4 day	of 23	2013	
Reese	W	Signature	
		Signature	
	777	Signature	