

ARTICLES OF ORGANIZATION



Corporation Division
sos.oregon.gov/business

E-FILED
Nov 19, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

233302397

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

WERNER HOLDING, LLC

2. MAILING ADDRESS

3235 SE RAYMOND ST
PORTLAND OR 97202 USA

3. PRINCIPAL PLACE OF BUSINESS

3235 SE RAYMOND ST
PORTLAND OR 97202 USA

4. NAME & ADDRESS OF REGISTERED AGENT

MICHAEL WERNER

3235 SE RAYMOND ST
PORTLAND OR 97202 USA

5. ORGANIZERS

MICHAEL WERNER

3235 SE RAYMOND ST
PORTLAND OR 97202 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

MICHAEL WERNER

3235 SE RAYMOND ST
PORTLAND OR 97202 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

MICHAEL WERNER

3235 SE RAYMOND ST
PORTLAND OR 97202 USA

8. DURATION

PERPETUAL



9. MANAGEMENT

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

10. OPTIONAL PROVISIONS

The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 to 63.170.

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

MICHAEL WERNER

TITLE

ORGANIZER

DATE

11-19-2024