



STATE OF MONTANA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED
LIABILITY COMPANY

STATE OF MONTANA
-FILED-
SECRETARY OF STATE
File Number: 16872269
Date Filed: 12/2/2025 5:27:53 AM

Filing Fees & Processing Options		
Fees and Processing Options	Standard Processing - \$35.00 - Up to 7 - 10 business days processing	
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	CARBONFUTURENETWORK LLC	
Term		
Term Expiration	Perpetual / Ongoing	
Business Purpose		
Purpose		
Business Mailing Address of Principal Office		
Address	40 W 14TH ST HELENA, MT 59601-3385	
Business Physical Address of Principal Office		
<input type="checkbox"/> Add Physical Address		
Registered Agent In Montana		
Registered Agent	INCORP SERVICES, INC. Commercial Registered Agent Agent Number D123186 Email Address documents@incorp.com Website Physical Address 55 W 14TH ST STE 101 Helena, MT 59601-3387 Mailing Address 55 W 14TH ST STE 101 Helena, MT 59601-3387	
<input checked="" type="checkbox"/> The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.		
LLC Management		
LLC Managed By	Members	
Are Members Liable?	No	
Members		
Name Of Individual Or Business Entity	Business Mailing Address	Email Address
Ashton Blake	40 W 14TH ST HELENA, MT 59601-3385	

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Declarations		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online.		
<input checked="" type="checkbox"/> I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this 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		
<i>Self</i>	<i>Ashton Blake</i>	<i>12/02/2025</i>
Signer's Capacity	Sign Here	Date
Position	Organizer	
Daytime Contact		
Phone Number	(434) 328-1075	
Email	ashtonblake191@gmail.com	