



**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

<b>Filing Fees &amp; Processing Options</b>		
Fees and Processing Options	Standard Processing - \$35.00 - Up to 7 - 10 business days processing	
<b>Filing Effective Date</b>		
The entity will be effective:	when filed with the Secretary of State	
<b>Limited Liability Company Type</b>		
Type of Limited Liability Company	Limited Liability Company (LLC)	
<b>Limited Liability Company Name</b>		
Entity Name	CARBONFUTURENETWORK LLC	
<b>Term</b>		
Term Expiration	Perpetual / Ongoing	
<b>Business Purpose</b>		
Purpose		
<b>Business Mailing Address of Principal Office</b>		
Address	40 W 14TH ST HELENA, MT 59601-3385	
<b>Business Physical Address of Principal Office</b>		
<input type="checkbox"/> Add Physical Address		
<b>Registered Agent In Montana</b>		
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.		
<b>LLC Management</b>		
LLC Managed By	Members	
Are Members Liable?	No	
<b>Members</b>		
Name Of Individual Or Business Entity	Business Mailing Address	Email Address
Ashton Blake	40 W 14TH ST HELENA, MT 59601-3385	

## 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 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> Signer's Capacity	<i>Ashton Blake</i> Sign Here	<i>12/02/2025</i> Date
Position	Organizer	
Daytime Contact		
Phone Number	(434) 328-1075	
Email	ashtonblake191@gmail.com	