

# ARTICLES OF ORGANIZATION



Corporation Division  
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**E-FILED**  
Aug 14, 2023  
**OREGON SECRETARY OF STATE**

## REGISTRY NUMBER

215979493

## TYPE

DOMESTIC LIMITED LIABILITY COMPANY

## 1. ENTITY NAME

KD TRANS LLC

## 2. MAILING ADDRESS

15868 NW WEST UNION RD APT 47  
97229  
PORTLAND OR 97229 USA

## 3. PRINCIPAL PLACE OF BUSINESS

15868 NORTHWEST WEST UNION ROAD  
47  
PORTLAND OR 97229 USA

## 4. NAME & ADDRESS OF REGISTERED AGENT

DEEPAK CHOPRA  
  
15868 NORTHWEST WEST UNION ROAD  
47  
PORTLAND OR 97229 USA

## 5. ORGANIZERS

DEEPAK CHOPRA  
  
15868 NORTHWEST WEST UNION ROAD  
47  
PORTLAND OR 97229 USA

## 6. INDIVIDUALS WITH DIRECT KNOWLEDGE

DEEPAK CHOPRA  
  
15868 NORTHWEST WEST UNION ROAD  
47  
PORTLAND OR 97229 USA

## 7. INITIAL MEMBERS/MANAGERS

**MEMBER**  
KANJIKA CHOPRA



15868 NORTHWEST WEST UNION ROAD  
47  
PORTLAND OR 97229 USA

**8. DURATION**

PERPETUAL

**9. MANAGEMENT**

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

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**

DEEPAK CHOPRA

**TITLE**

ORGANIZER

**DATE**

08-13-2023