



0005570131



STATE OF IDAHO
Office of the secretary of state, Phil McGrane
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005570131

Date Filed: 1/24/2024 10:58:27 AM

B0853-7253 01/30/2024 11:51 AM Received by Office of the Idaho Secretary of State

Certificate of Organization Limited Liability Company
Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. Limited Liability Company Name
Type of Limited Liability Company Professional Limited Liability Company
Entity name Corazon Counseling Services, PLLC

Profession
The business is organized to practice the profession of: Social Work

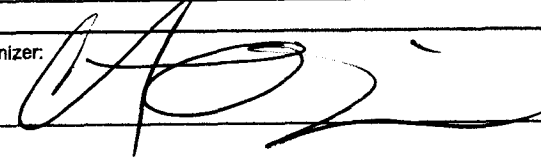
2. The complete street address of the principal office is:
Principal Office Address 4425 COLONIAL WAY
IDAHO FALLS, ID 83404

3. The mailing address of the principal office is:
Mailing Address 4425 COLONIAL WAY
IDAHO FALLS, ID 83404-7960

4. Registered Agent Name and Address
Registered Agent Registered Agent
Cristina Ojeda
Physical Address:
4425 COLONIAL WAY
IDAHO FALLS, ID 83404
Mailing Address:
4425 COLONIAL WAY
IDAHO FALLS, ID 83404-7960

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors	
Name	Address
Cristina Ojeda	4425 COLONIAL WAY IDAHO FALLS, ID 83404

Signature of Organizer:  Date: 1/24/24

Print & Mail Enclosures
 I understand the document can ONLY be filed if the following items are included:
Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated.
This filing form (submit within 30 days) with the required signature(s).
If you are submitting a correction, return the correction letter with your updated document.



B0853-7254 01/30/2024 11:51 AM Received by Office of the Idaho Secretary of State

State of Idaho
STATEMENT OF DOMESTICATION

1. Name, jurisdiction and type of the domesticating entity:
Name: **Corazon Counseling Services, PLLC**
Jurisdiction: **Michigan**
Type of Entity: **Professional Limited Liability Company**

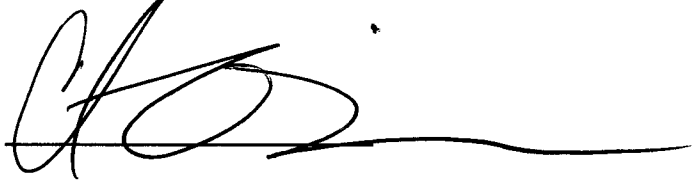
2. Name, jurisdiction and type of the domesticated entity:
Name: **Corazon Counseling Services, PLLC**
Jurisdiction: **Idaho**
Type of Entity: **Professional Limited Liability Company**

3. Effective date of domestication: **Upon filing**

4. The domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of organization.

5. the domesticated entity is a domestic filing entity and the text of its public organic document is shown in the document attached to this statement of domestication.

Signature of Domesticating Entity:



Cristina Ojeda- Owner
member