





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-

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| Certificate of Organization Limited Liability Compar Select one: Standard, Expedited or Sa descriptions below) | | Expedited (+\$40; filing fee \$ | 140) |
|---|--|---|-----------------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | MOBILITYCARES CENTRA | L LLC |
| 2. The complete street address of the principal office | e is: | | |
| Principal Office Address | | DEVIN LIMB 13243 LEWIS RANCH RD | |
| | | CALDWELL, ID 83607 | |
| 3. The mailing address of the principal office is: | | | |
| Mailing Address | | DEVIN LIMB | |
| | | 13243 LEWIS RANCH RD CALDWELL, ID 83607-1029 | |
| | | CALDWELL, ID 83007-1029 | ' |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Devin Limb Registered Agent | |
| | | Physical Address | |
| | | 13243 LEWIS RANCH ROA | D |
| | | CALDWELL, ID 83607 | |
| | | Mailing Address | |
| | | 13243 LEWIS RANCH ROA | D |
| | | CALDWELL, ID 83607 | |
| ☑ I affirm that the registered agent approximately ap | ppointed has consented | d to serve as registered agent f | or this entity. |
| 5. Governors | 1 | | |
| Name | | Address | |
| DEVIN LIMB | 13243 LEWIS RANCH RD CALDWELL, ID 83607 | | |
| | | | |
| Signature of Organizer: | | | |
| Signature of Organizer: DEVIN LIMB | | | 10/25/2024 |