







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney 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 #: 0004492609

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| Certificate of Organization Limited Liability Comp<br>Select one: Standard, Expedited or S<br>descriptions below) | *                         | Expedited (+\$40; filing fee \$140)                  |  |
|---|---------------------------|--|--|
| 1. Limited Liability Company Name   |                           |  |  |
| Type of Limited Liability Company   |                           | Professional Limited Liability Company               |  |
| Entity name   |                           | Marchese Health Management PLLC                      |  |
| Profession<br>The business is organized to practice   | the profession of:        | Nursing  |  |
| 2. The complete street address of the principal of  | fice is:                  |  |  |
| Principal Office Address  |                           | 6917 WEST BONNAIRE LOOP<br>COEUR D'ALENE, ID 83815   |  |
| 3. The mailing address of the principal office is:  |                           |  |  |
| Mailing Address   |                           | 6917 W BONNAIRE LOOP<br>COEUR D ALENE, ID 83815-0069 |  |
| 4. Registered Agent Name and Address  |                           |  |  |
| Registered Agent  |                           | REGISTERED AGENTS INC                                |  |
|   |                           | Commercial Registered Agent Physical Address         |  |
|   |                           | 784 S CLEARWATER LOOP STE R                          |  |
|   |                           | POST FALLS, ID 83854                                 |  |
|   |                           | Mailing Address                                      |  |
|   |                           | 784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854  |  |
| ☑ I affirm that the registered agent a  | appointed has consented t | o serve as registered agent for this entity.         |  |
| 5. Governors  |                           |  |  |
| Name  |                           | Address  |  |
| Kawaii Marchese   | l l                       | 6917 WEST BONNAIRE LOOP<br>COEUR D'ALENE, ID 83815   |  |
| Vincent Marchese  |                           | 6917 WEST BONNAIRE LOOP<br>COEUR D'ALENE, ID 83815   |  |
| Signature of Organizer:   |                           |  |  |
|   |                           |  |  |
| Vincent Joseph Marchese   |                           | 11/08/2021   |  |