







For Office Use Only

-FILED-

File #: 0006322372

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Sam descriptions below)	e Day Service (see	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		Gavinos LLC
2. The complete street address of the principal office Principal Office Address	s:	1138 LOST MILE RD BONNERS FERRY, ID 83805
3. The mailing address of the principal office is:		
Mailing Address		1138 LOST MILE RD BONNERS FERRY, ID 83805-6083
4. Registered Agent Name and Address		
Registered Agent		NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent
		Physical Address
		784 S CLEARWATER LOOP STE B POST FALLS, ID 83854
		Mailing Address
		784 S CLEARWATER LOOP STE B POST FALLS, ID 83854
☑ I affirm that the registered agent appropriate in the registered agent agent and the registered agent	ointed has consented	to serve as registered agent for this entity.
5. Governors		
Name	Address	
Gavino Sceppe	1138 LOST MILE RD BONNERS FERRY, ID 83805	
Signature of Organizer:		
Gavino Sceppe		06/17/2025
Sign Here		Date