



0005110704

**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 #: 0005110704

Date Filed: 2/10/2023 4:14:03 PM

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

Serenity Hope Counseling, 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

545 CUTTER LANE
SANDPOINT, ID 83864

3. The mailing address of the principal office is:

Mailing Address

PO BOX 2640
SANDPOINT, ID 83864-0919

4. Registered Agent Name and Address

Registered Agent

Registered Agent

Laura A Inglis

Physical Address:

545 CUTTER LANE
SANDPOINT, ID 83864

Mailing Address:

PO BOX 2640
SANDPOINT, ID 83864-0919

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

5. Governors

Name	Address
Laura A Inglis	PO BOX 2640 SANDPOINT, ID 83864

Signature of Organizer

Sign Here

2/17/2023
Date

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.

B0763-6933 02/21/2023 2:53 PM Received by Office of the Idaho Secretary of State



STATEMENT OF DOMESTICATION

1. Name, jurisdiction and type of the domesticating entity:

Name: Serenity Hope Counseling, PLLC

Jurisdiction: Out of Washington and into Idaho

Type of Entity: Clinical Social Work

2. Name, jurisdiction and type of the domesticated entity:

Name: Serenity Hope Counseling, PLLC

Jurisdiction: Into Idaho and out of Washington

Type of Entity: Clinical Social Work

3. Effective date of domestication: X Upon filing or
Date: _____

(This date may not be more than ninety (90) days after the date of 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:

 LICSW

____ Laura Inglis, LICSW Laura Inglis, LICSW
Print name