



0005330624

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

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File #: 0005330624

Date Filed: 7/24/2023 7:47:36 PM

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Statement of Qualification of Limited Liability Partnership | |
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | Standard (filing fee \$100) |
| Limited Liability Partnership Name | |
| Type of Limited Liability Partnership | Limited Liability Partnership |
| Entity name | Moments In Bloom Events LLP |
| Limited Liability Partnership Designation | |
| <input checked="" type="checkbox"/> By checking this box and filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership. | |
| The complete street address of the principal office is: | |
| Principal Office Address | JOANNA CALHOUN 5801 S HILL FARM WAY MERIDIAN, ID 83642 |
| The mailing address of the principal office is: | |
| Mailing Address | JOANNA CALHOUN 5801 S HILL FARM WAY MERIDIAN, ID 83642 |
| Street address of an office in this State: | |
| Address | None |
| Registered Agent Name and Address | |
| Registered Agent | Registered Agent Joanna Calhoun Physical Address: 5801 S HILL FARM WAY MERIDIAN, ID 83642 Mailing Address: JOANNA CALHOUN 5801 S HILL FARM WAY MERIDIAN, ID 83642 |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | |
| 6. Signature of individual authorized by partners to sign: | |
| <u>Joanna Calhoun</u> | <u>07/24/2023</u> |
| Sign Here | Date |
| Job Title: partner | |

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