





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 #: 0006109169

Date

Date Filed: 3/7/2025 5:19:35 AM

Select one: Standard, Expedited or Same Da descriptions below)	y Service (see Standard (filing fee \$100)
. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Fini Le Poil Med Aesthetic and Wellness Studio LLC.
2. The complete street address of the principal office is:	
Principal Office Address	9169 STATE STREET
	# 2089 GARDEN CITY, ID 83714
3. The mailing address of the principal office is:	<u> </u>
Mailing Address	655 E STATE ST
	APT A101
	EAGLE, ID 83616-5972
I. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Florencia Joseph
	Physical Address: 655 E STATE ST
	APT A101
	EAGLE, ID 83616-5972
	Mailing Address:
	APT A 101
	655 EAST STATE STREET
	655 EAST STATE STREET
	EAGLE, ID 83616
I affirm that the registered agent appointe	d has consented to serve as registered agent for this entity.
Covernors	
5. Governors	
Name	Address
Name	1.00.000
	655 EAST STATE STREET APT A 101
Name	655 EAST STATE STREET
Name	655 EAST STATE STREET APT A 101
Name Florencia Joseph	655 EAST STATE STREET APT A 101

Sign Here