



0005736446

B0903-2711 05/17/2024 9:57 AM Received by Office of the Idaho Secretary of State



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

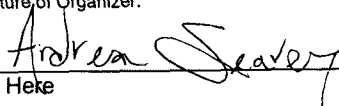
Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005736446

Date Filed: 5/13/2024 8:12:46 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) Expedited (+\$40; filing fee \$140)					
1. Limited Liability Company Name Type of Limited Liability Company Limited Liability Company Entity name She Plans, LLC					
2. The complete street address of the principal office is: Principal Office Address SHE PLANS- ANDREA SEAYER 1295 PARKWAY DRIVE #120 BLACKFOOT, ID 83221					
3. The mailing address of the principal office is: Mailing Address SHE PLANS-ANDREA SEAYER 1295 PARKWAY DR PMB 120 BLACKFOOT, ID 83221-1683					
4. Registered Agent Name and Address Registered Agent Registered Agent Andrea Seaver Physical Address: 822 PENDLEBURY LANE BLACKFOOT, ID 83221 Mailing Address: 822 PENDLEBURY LN BLACKFOOT, ID 83221-3483  <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Andrea Seaver</td><td>822 PENDLEBURY LANE BLACKFOOT, ID 83221</td></tr></tbody></table>		Name	Address	Andrea Seaver	822 PENDLEBURY LANE BLACKFOOT, ID 83221
Name	Address				
Andrea Seaver	822 PENDLEBURY LANE BLACKFOOT, ID 83221				
Signature of Organizer:  Sign Here Date 5-14-24					
Print & Mail Enclosures <input checked="" type="checkbox"/> 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.					



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## STATEMENT OF DOMESTICATION

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

Name: She Plays, LLC

Jurisdiction: Ohio

Type of Entity: Limited Liability Company

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

Name: She Plays, LLC

Jurisdiction: Idaho

Type of Entity: Limited Liability Company

3. Effective date of domestication: ☒ 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:

Andrea Seaver

Andrea Seaver  
Print name