







## 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 #: 0005054251

01/05/2023

Date

Date Filed: 1/5/2023 11:08:31 AM

| Certificate of Organization Limited Liability Company<br>Select one: Standard, Expedited or Sam<br>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  |                             | Forever Elegance Spa and Nails LLC              |  |
| 2. The complete street address of the principal office   | is:                         |   |  |
| Principal Office Address   |                             | 563 W 20 S<br>BLACKFOOT, ID 83221               |  |
| 3. The mailing address of the principal office is:   |                             |   |  |
| Mailing Address  |                             | 563 W 20 S<br>BLACKFOOT, ID 83221-6108          |  |
| 4. Registered Agent Name and Address   |                             |   |  |
| Registered Agent   |                             | Registered Agent<br>Tiffany Bartausky           |  |
|  |                             | Physical Address:                               |  |
|  |                             | 563 W 20 S<br>BLACKFOOT, ID 83221-6108          |  |
|  |                             | Mailing Address:                                |  |
|  |                             | 563 W 20 S                                      |  |
|  |                             | BLACKFOOT, ID 83221-6108                        |  |
| ☑ I affirm that the registered agent app   | ointed has consented        | I to serve as registered agent for this entity. |  |
| 5. Governors   |                             |   |  |
| Name   |                             | Address   |  |
| Tiffany Bartausky  | 563 W 20 S<br>BLACKFOOT, II | 563 W 20 S<br>BLACKFOOT, ID 83221-6108          |  |
| Signature of Organizer:  |                             |   |  |
|  |                             |   |  |

Tiffany Bartausky

Sign Here