





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 #: 0005932785

10/08/2024

Date

Date Filed: 10/8/2024 9:32:25 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Ser descriptions below)	rvice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Elevate Medispa LLC
2. The complete street address of the principal office is:	
Principal Office Address	219 SOUTH WOODDALE AVENUE EAGLE, ID 83616
3. The mailing address of the principal office is:	
Mailing Address	219 S WOODDALE AVE EAGLE, ID 83616-7714
4. Registered Agent Name and Address	
Registered Agent	REGISTERED AGENTS INC Commercial Registered Agent
	Physical Address
	784 S CLEARWATER LOOP STE R POST FALLS, ID 83854
	Mailing Address
	784 S CLEARWATER LOOP STE R POST FALLS, ID 83854
I affirm that the registered agent appointed has	s consented to serve as registered agent for this entity.
5. Governors	
Name	Address
	119 S WOODDALE AVE EAGLE, ID 83616-7714
	19 S WOODDALE AVE EAGLE, ID 83616-7714

Signature of Organizer:

Cori Beynun

Sign Here