



0005992815

**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 #: 0005992815

Date Filed: 11/24/2024 4:31:03 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 Entity name	Professional Limited Liability Company Caroline Irons DMD PLLC
Profession The business is organized to practice the profession of:	Dentistry
2. The complete street address of the principal office is: Principal Office Address	445 E TRACKSTAND LN GARDEN CITY, ID 83714
3. The mailing address of the principal office is: Mailing Address	445 E TRACKSTAND LN GARDEN CITY, ID 83714-1613
4. Registered Agent Name and Address Registered Agent	Registered Agent Zachary Irons Physical Address: 445 E TRACKSTAND LN GARDEN CITY, ID 83714 Mailing Address: 445 E TRACKSTAND LN GARDEN CITY, ID 83714-1613

I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors	
Name	Address
Caroline Irons	445 E TRACKSTAND LN GARDEN CITY, ID 83714

Signature of Organizer:

Caroline P. Irons

Sign Here

11/24/24
Date

Print & Mail Enclosures

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.

0005992815 11/24/2024 4:31:03 PM Received by Office of the Idaho Secretary of State

STATEMENT OF DOMESTICATION

Pursuant to § 30-22-505, Idaho Code

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

Name: *Caroline Irons DMD PLLC*Jurisdiction: *Mississippi*Type of Entity: *PLLC*

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

Name: *Caroline Irons DMD PLLC*Jurisdiction: *Idaho*Type of Entity: *PLLC*

3. Effective date of domestication:

Upon filing or

Date: _____

(This date may not be more than ninety (90) days after the date of filing.)

the domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of formation.

the domesticated entity is a domestic filing entity and the plan of domestication is approved in accordance with this part, and attached herewith, the text of its public organic document.

~~the domesticated entity is a foreign entity that is not a registered foreign entity and designates a registered agent. The name and address is:~~ CPI 11-24-24

Name: *N/A*Address: *N/A*

Signature of Domesticating Entity:

Caroline P. Irons 11-24-24Caroline P. Irons
Print name

Fee: \$30.00