







Danielle M. Brewer

Danielle Marie Brewer

Signature of Organizer:

Sign Here

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 #: 0005252789

06/06/2023

Date

Date Filed: 6/6/2023 5:32:00 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Sedescriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	ONE LOVE Home Health Care Services LLC
2. The complete street address of the principal office is:	
Principal Office Address	201 N NORRIS AVE #1 NEW MEADOWS, ID 83654
3. The mailing address of the principal office is:	
Mailing Address	DANIELLE BREWER
	PO BOX 1 NEW MEADOWS, ID 83654-0001
	NEW MEADOWS, ID 83834-0001
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Danielle M Brewer Physical Address:
	201 N NORRIS AVE #1
	NEW MEADOWS, ID 83654
	Mailing Address:
	PO BOX 1
	NEW MEADOWS, ID 83654-0001
I affirm that the registered agent appointed has consented to serve as registered agent for this entity.	
5. Governors	
Name	Address

PO BOX #1

NEW MEADOWS, ID 83654