



0005659239

**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 #: 0005659239

Date Filed: 3/26/2024 9:54:38 AM

<p>Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. Limited Liability Company Name Type of Limited Liability Company Entity name</p> <p>2. The complete street address of the principal office is: Principal Office Address</p> <p>3. The mailing address of the principal office is: Mailing Address</p> <p>4. Registered Agent Name and Address Registered Agent</p>		<p>Standard (filing fee \$100)</p> <p>Limited Liability Company Functional Medicine Institute, LLC</p> <p>3858 N GARDEN CENTER WAY BOISE, ID 83703</p> <p>3858 N GARDEN CENTER WAY BOISE, ID 83703-5008</p> <p>Registered Agent Exceed Corporate Services LLC Physical Address: 421 S 8TH STREET BOISE, ID 83702 Mailing Address: 421 S 8TH ST BOISE, ID 83702-7106</p>						
<p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>5. Governors</p> <table border="1"> <tr> <td>Name</td> <td>Address</td> </tr> <tr> <td>Samuel Warren</td> <td>3858 N GARDEN CENTER WAY BOISE, ID 83703</td> </tr> <tr> <td>Amber Warren</td> <td>3858 N GARDEN CENTER WAY BOISE, ID 83703</td> </tr> </table> <p>Signature of Organizer: <i>Ian W. Gee</i></p> <p>Sign Here</p>			Name	Address	Samuel Warren	3858 N GARDEN CENTER WAY BOISE, ID 83703	Amber Warren	3858 N GARDEN CENTER WAY BOISE, ID 83703
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		<p>03/26/2024</p> <p>Date</p>						