



0005697195

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***CERTIFICATE OF ORGANIZATION LIMITED
LIABILITY COMPANY**

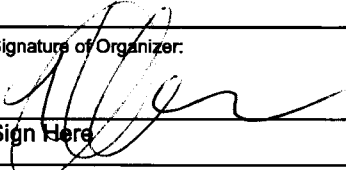
Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005697195

Date Filed: 4/18/2024 1:28:34 PM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below) Same Day Service (+\$100; filing fee \$200)					
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	Randolph Speech Therapy, LLC				
2. The complete street address of the principal office is:					
Principal Office Address	HEATHER RANDOLPH 505 W BROAD STREET APT 601 BOISE, ID 83702				
3. The mailing address of the principal office is:					
Mailing Address	HEATHER RANDOLPH 505 W BROAD ST APT 601 BOISE, ID 83702-7639				
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				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Heather Randolph</td><td>HEATHER RANDOLPH 505 W BROAD STREET APT 601 BOISE, ID 83702</td></tr></tbody></table>		Name	Address	Heather Randolph	HEATHER RANDOLPH 505 W BROAD STREET APT 601 BOISE, ID 83702
Name	Address				
Heather Randolph	HEATHER RANDOLPH 505 W BROAD STREET APT 601 BOISE, ID 83702				
Signature of Organizer:					
	4.18.24				
Sign Here	Date				
Print & Mail Enclosures					
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:					

B0903-0069 04/18/2024 3:57 PM Received by Office of the Idaho Secretary of State





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.

STATEMENT OF DOMESTICATION

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

Name: PLLC ~~Heather~~ Randolph Speech Therapy, PLLC
Jurisdiction: Florida
Type of Entity: Professional Limited Liability Company

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

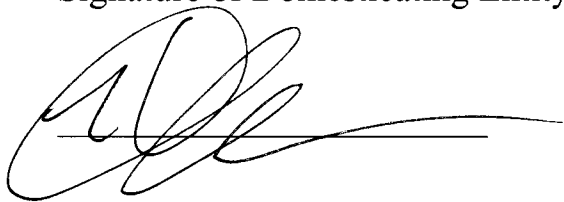
Name: LLC Randolph Speech Therapy, LLC
Jurisdiction: Idaho
Type of Entity: Limited Liability Company

3. Effective date of domestication: Upon filing (4.18.24)

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

4. the domesticating entity is a foreign entity, and the domestication is approved in accordance with the law of its jurisdiction of organization.
5. the domesticated entity is a domestic filing entity and the text of its public organic document is shown in the document attached to this statement of domestication.

Signature of Domesticating Entity:



Heather Randolph
Printed name

Capacity: Manager

Fee: \$30.00