



0006157124

**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 #: 0006157124

Date Filed: 3/11/2025 9:02:59 PM

B0990-2251 03/18/2025 9:33 AM Received by Office of the Idaho Secretary of State

Certificate of Organization Limited Liability Company					
Select one: <u>Standard</u> Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)					
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	AdventureFit LLC				
2. The complete street address of the principal office is:					
Principal Office Address	1593 N 775 E SHELLEY, ID 83274				
3. The mailing address of the principal office is:					
Mailing Address	1593 N 775 E SHELLEY, ID 83274-5063				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent Brandy Young Physical Address: 1593 N 775 E SHELLEY, ID 83274-5063 Mailing Address: 1593 N 775 E SHELLEY, ID 83274-5063				
<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>Jonathan Young</td><td>1593 N 775 E SHELLEY, ID 83274</td></tr></tbody></table>		Name	Address	Jonathan Young	1593 N 775 E SHELLEY, ID 83274
Name	Address				
Jonathan Young	1593 N 775 E SHELLEY, ID 83274				
Signature of Organizer:					
Sign Here	<u>Jonathan Y.</u> <u>3/14/2025</u> Date				
Print & Mail Enclosures					
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:					
Payment in the amount of <u>\$100.00</u> (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: AdventureFit LLC
Jurisdiction: State of Arizona
Type of Entity: LLC

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

Name: AdventureFit LLC
Jurisdiction: State of Idaho
Type of Entity: LLC

3. Effective date of domestication:

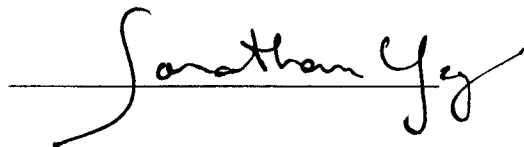
Upon filing or
Date: _____

(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 organization.

- ☒ 5. the domesticated entity is a domestic filing entity and the text of its public organization document is shown in the document attached to this statement of domestication.

Signature of Domesticating Entity:



JONATHAN Young
Printed name

Capacity: Organizer/Owner

Fee: \$30.00