



0004171880

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***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 #: 0004171880

Date Filed: 2/10/2021 7:17:05 PM

| Certificate of Organization Limited Liability Company                                                                                                                        |                                                                                                                                                               |      |         |             |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-------------|-----------------------------------------|
| Select one: Standard, 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                                                                                                                                                                  | Made With Wildflowers Apothecary LLC                                                                                                                          |      |         |             |                                         |
| 2. The complete street address of the principal office is:                                                                                                                   |                                                                                                                                                               |      |         |             |                                         |
| Principal Office Address                                                                                                                                                     | LISA WILSON<br>2836 E SHADOWVIEW ST<br>EAGLE, ID 83616                                                                                                        |      |         |             |                                         |
| 3. The mailing address of the principal office is:                                                                                                                           |                                                                                                                                                               |      |         |             |                                         |
| Mailing Address                                                                                                                                                              | LISA WILSON<br>2836 E SHADOWVIEW ST<br>EAGLE, ID 83616-5670                                                                                                   |      |         |             |                                         |
| 4. Registered Agent Name and Address                                                                                                                                         |                                                                                                                                                               |      |         |             |                                         |
| Registered Agent                                                                                                                                                             | Robert Lucchesi<br>Registered Agent<br>Physical Address<br>2236 N CARISSA PLACE<br>BOISE, ID 83704<br>Mailing Address<br>2236 N CARISSA PL<br>BOISE, ID 83704 |      |         |             |                                         |
| <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>John Wilson</td><td>2836 E SHADOWVIEW ST<br/>EAGLE, ID 83616</td></tr></tbody></table> |                                                                                                                                                               | Name | Address | John Wilson | 2836 E SHADOWVIEW ST<br>EAGLE, ID 83616 |
| Name                                                                                                                                                                         | Address                                                                                                                                                       |      |         |             |                                         |
| John Wilson                                                                                                                                                                  | 2836 E SHADOWVIEW ST<br>EAGLE, ID 83616                                                                                                                       |      |         |             |                                         |
| Signature of Organizer:                                                                                                                                                      |                                                                                                                                                               |      |         |             |                                         |
| <u>Lisa M Wilson</u>                                                                                                                                                         | <u>02/10/2021</u>                                                                                                                                             |      |         |             |                                         |
| Sign Here                                                                                                                                                                    | Date                                                                                                                                                          |      |         |             |                                         |

B0583-8644 02/10/2021 7:19 PM Received by ID Secretary of State Lawrence Denney