







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 #: 0006111600

Date Filed: 2/18/2025 1:08:43 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same descriptions below) | Day Service (see | Standard (filing fee \$100) | |
|---|---|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Freedom Through Nutrition LLC | |
| 2. The complete street address of the principal office is: | | | |
| Principal Office Address | | 509 E PARKCENTER BLVD | |
| | | APT 320 BOISE, ID 83706 | |
| | | BOISE, ID 63700 | |
| 3. The mailing address of the principal office is: | | 500 E DADIGENTED DIVID | |
| Mailing Address | | 509 E PARKCENTER BLVD APT 320 | |
| | | BOISE, ID 83706-6698 | |
| Registered Agent Name and Address | | | |
| Registered Agent | | NORTHWEST REGISTERED AGENT LLC | |
| | | Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE B POST FALLS, ID 83854 | |
| ☑ I affirm that the registered agent appoint | nted has consented | I to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| Madison Francis | 509 E PARKCENTER BLVD APT 320 BOISE, ID 83706 | | |
| | DOIGE, ID 0370 | | |
| Signature of Organizer: | | | |
| Madison Francis | | 02/18/2025 | |
| Sign Here | | Date | |