



0005643463

**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 #: 0005643463

Date Filed: 3/11/2024 11:58:20 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 Live Well Mastermind LLC</p> <p>LIVE WELL LLC 6979 N DELON CT COEUR D'ALENE, ID 83815</p> <p>LIVE WELL LLC 6979 N DELON CT COEUR D'ALENE, ID 83815-8428</p> <p>Connor Guinn Registered Agent Physical Address 915 N 5TH ST COEUR D'ALENE, ID 83814 Mailing Address 915 N 5TH ST COEUR D'ALENE, ID 83814-3115</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> <th>Name</th> <th>Address</th> </tr> <tr> <td>Connor Guinn</td> <td>915 N 5TH ST. COEUR D'ALENE, ID 83814</td> </tr> <tr> <td>Anthony Walker</td> <td>6979 N DELON CT. COEUR D'ALENE, ID 83815</td> </tr> </table> <p>Signature of Organizer: <i>Connor Guinn</i> Sign Here</p> <p><i>03/11/2024</i> Date</p>			Name	Address	Connor Guinn	915 N 5TH ST. COEUR D'ALENE, ID 83814	Anthony Walker	6979 N DELON CT. COEUR D'ALENE, ID 83815
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