



0005368288

**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 #: 0005368288

Date Filed: 8/21/2023 3:10:17 PM

<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>		Standard (filing fee \$100)				
<p>Limited Liability Company THE ALCOVE ESTHETICS LLC</p> <p>815 18TH AVE N NAMPA, ID 83687</p> <p>815 18TH AVE N NAMPA, ID 83687</p> <p>EL CENTRO Registered Agent Physical Address 1604 GARRITY BLVD STE 103 NAMPA, ID 83687</p> <p>Mailing Address 1604 GARRITY BLVD STE 103 NAMPA, ID 83687-6949</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> <td>Name</td> <td>Address</td> </tr> <tr> <td>ANAY VILLARRUEL CARDENAS</td> <td>815 18TH AVE N NAMPA, ID 83687</td> </tr> </table> <p>Signature of Organizer:</p> <p><i>ANAY VILLARRUEL CARDENAS</i></p> <p>Sign Here _____ Date _____</p> <p>08/21/2023</p>			Name	Address	ANAY VILLARRUEL CARDENAS	815 18TH AVE N NAMPA, ID 83687
Name	Address					
ANAY VILLARRUEL CARDENAS	815 18TH AVE N NAMPA, ID 83687					