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-FILED-

File #: 0005586096

Date Filed: 2/5/2024 2:00:15 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below)	/ Service (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Grace Blooms LLC
2. The complete street address of the principal office is:	
Principal Office Address	KIM DAVIS 3870 W WELLHOUSE CT EAGLE, ID 83616
3. The mailing address of the principal office is:	
Mailing Address	3870 W WELLHOUSE CT EAGLE, ID 83616-5628
4. Registered Agent Name and Address	
Registered Agent	Kimberly Davis Registered Agent
	Physical Address
	3870 W WELLHOUSE CT EAGLE, ID 83616
	Mailing Address
	3870 W WELLHOUSE CT KIMBERLY DAVIS EAGLE, ID 83616-5628
☑ I affirm that the registered agent appointed	d has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
	3870 W WELLHOUSE CT EAGLE, ID 83616
Signature of Organizer:	
Kimberly Davis	02/05/2024
Sign Here	Date