





STATE OF IDAHO

Office of the secretary of state, Lawerence 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 #: 0004432260

Date Filed: 10/1/2021 12:00:35 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 | | Cheryl Wolf Wellness LLC | |
| The complete street address of the principal Principal Office Address | al office is: | 271 S. PARKINSON PLACE EAGLE, ID 83616 | |
| 3. The mailing address of the principal office i | s: | | |
| Mailing Address | | 372 S EAGLE RD # 248 EAGLE, ID 83616-5908 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | Registered Agent | |
| | | Cheryl Wolf Physical Address: | |
| | | 271 S. PARKINSON PLACE | |
| | | EAGLE, ID 83616 | |
| | | Mailing Address: | |
| | | 372 S EAGLE RD # 248 EAGLE, ID 83616-5908 | |
| ☐ I affirm that the registered age | nt appointed has consented to | o serve as registered agent for this entity. | |
| Name | | Address | |
| | | 271 S. PARKINSON PLACE EAGLE, ID 83616 | |
| Cheryl k Wolf | | PLACE | |
| Cheryl k Wolf Signature of Organizer: | | PLACE | |
| | | PLACE 10/01/2021 | |