





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 #: 0005586477

Date

Date Filed: 2/5/2024 3:24:00 PM

| Certificate of Organization Limited Liability Co Select one: Standard, Expedited o descriptions below) | | Standard (filing fee \$100) | |
|--|----------------------------|---|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Limited Liability Company | |
| Entity name | | Heavenly Handyman Services, LLC | |
| 2. The complete street address of the principal | I office is: | | |
| Principal Office Address | | LYLE FORT | |
| | | 5604 STAMM LN | |
| | | NAMPA, ID 83687 | |
| 3. The mailing address of the principal office is | s: | | |
| Mailing Address | | LYLE FORT | |
| | | 5604 STAMM LN | |
| | | NAMPA, ID 83687-8632 | |
| 4. 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 age | nt appointed has consented | I to serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | | Address | |
| Lyle Fort | 5604 STAMM LN | | |
| , | NAMPA, ID 83687 | | |
| Signature of Organizer: | | | |
| | | | |
| Lyle LeRoy Fort | | 02/05/2024 | |
| | | | |

Sign Here