



15295584

**STATE OF MONTANA**

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED
LIABILITY COMPANYFor Office Use Only
STATE OF MONTANA**-FILED-**

SECRETARY OF STATE

File Number: 15295584

Date Filed: 6/16/2022 9:18:52 AM

FILING FEE: \$70.00

Filing Fees & Processing Options		
Fees and Processing Options	24 Hour Processing - \$90.00 - Processed within 1 business day	
Filing Effective Date		
The entity will be effective:	when filed with the Secretary of State	
Limited Liability Company Type		
Type of Limited Liability Company	Limited Liability Company (LLC)	
Limited Liability Company Name		
Entity Name	Dahl House Aesthetics LLC	
Term		
Term Expiration	Perpetual / Ongoing	
Business Purpose		
Purpose	Medical Spa	
Business Mailing Address of Principal Office		
Address	500 COUNTRY CLUB BLVD GREAT FALLS, MT 59404	
Business Physical Address of Principal Office		
<input checked="" type="checkbox"/> Add Physical Address		
Address	500 COUNTRY CLUB BLVD GREAT FALLS, MT 59404	
Registered Agent In Montana		
Registered Agent	ZACH GREGOIRE Non-Commercial Registered Agent Agent Number RA1249555 Email Address ZACH@DAHLQUISTREALTORS.COM Website Physical Address 251 BIG BEND LN GREAT FALLS, MT 59404-6458 Mailing Address 251 BIG BEND LN GREAT FALLS, MT 59404-6458	
<input checked="" type="checkbox"/> The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.		
LLC Management		
LLC Managed By	Managers	
Managers		
Name Of Individual Or Business Entity	Business Mailing Address	Email Address



Jaimee Gregoire	251 BIG BEND LANE GREAT FALLS, MT 59404	Zjgregoire@gmail.com								
Declarations <input checked="" type="checkbox"/> I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system. <input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online. <input checked="" type="checkbox"/> I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.										
Signature <table><tr><td><i>Self</i></td><td><i>Jaimee Gregoire</i></td><td><i>06/16/2022</i></td></tr><tr><td>_____ Signer's Capacity</td><td>_____ Sign Here</td><td>_____ Date</td></tr></table> <table><tr><td>Position</td><td>Organizer</td></tr></table>			<i>Self</i>	<i>Jaimee Gregoire</i>	<i>06/16/2022</i>	_____ Signer's Capacity	_____ Sign Here	_____ Date	Position	Organizer
<i>Self</i>	<i>Jaimee Gregoire</i>	<i>06/16/2022</i>								
_____ Signer's Capacity	_____ Sign Here	_____ Date								
Position	Organizer									
Daytime Contact Phone Number (406) 788-4028 Email Dahlhouseaesthetics@gmail.com										