

State of California Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

in the office of the Secretary of State of the State of California

OCT 1 5 2009

A \$70.00 filing fee must accompany this form.	This Course For Filling Line College
IMPORTANT – Read instructions before completing this form.	This Space For Filing Use Only
ENTITY NAME (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)	
NAME OF LIMITED LIABILITY COMPANY	
CALIFORNIA CONVENIENCE, LLC	
PURPOSE (The following statement is required by statute and should not be altered.)	
2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.	
INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Ilems 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).	
3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS	
Kpish Goyal	
4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFOR	RNIA CITY STATE ZIP CODE
41805 Albrae Street, 2nd FLOOR	Fremont CA 94538
MANAGEMENT (Check only one)	
5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY.	
ONE MANAGER	
MORE THAN ONE MANAGER	
ALL LIMITED LIABILITY COMPANY MEMBER(S)	
ADDITIONAL INFORMATION	
6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.	
EXECUTION	
7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.	
10 12 09 SIGNATURE OF ORGANIZER SIGNATURE OF ORGANIZER	
TYPE OR PRINT NAME OF ORGANIZER	