



202463818036



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**ARTICLES OF ORGANIZATION**  
**CA LIMITED LIABILITY COMPANY**

California Secretary of State  
1500 11th Street  
Sacramento, California 95814  
(916) 657-5448

For Office Use Only

**-FILED-**

File No.: 202463818036

Date Filed: 9/17/2024

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Limited Liability Company Name	People to People Exchange LLC
Initial Street Address of Principal Office of LLC Principal Address	54 WOODLAND AVENUE SAN ANSELMO, CA 94960
Initial Mailing Address of LLC Mailing Address	54 WOODLAND AVENUE SAN ANSELMO, CA 94960
Attention	
Agent for Service of Process Agent Name	Michael W Leifer
Agent Address	136 MEERNAA AVE FAIRFAX, CA 94930
Purpose Statement	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 California Revised Uniform Limited Liability Company Act.
Management Structure The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
<u>Michael Leifer</u> Organizer Signature	<u>09/17/2024</u> Date



**Secretary of State**  
**Articles of Organization**  
 Limited Liability Company (LLC)

**LLC-1**

**Filing Fee - \$70.00**

**Certified Copy Fee (Optional) - \$5.00**

Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

**2. Business Addresses**

a. Initial Street Address of Principal Office - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
b. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations)	State	Zip Code

**3. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State <b>CA</b>	Zip Code

**CORPORATION** – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

**4. Management** (Select **only** one box)

The LLC will be managed by:

☐ One Manager

☒ More than One Manager

☐ All LLC Member(s)

**5. Purpose Statement** (Do not alter Purpose Statement)

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 California Revised Uniform Limited Liability Company Act.

**6. By signing, I affirm under penalty of perjury that the information herein is true and correct, and that I am authorized by California law to sign.**

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (All attachments should be 8 1/2 x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Organizer sign here

Print your name here