

202464114471

The Full Effect Ltd. Liability Co.

For Office Use Only



Limited Liability Company Name

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STATE OF CALIFORNIA Office of the Secretary of State ON PANY

File No.: 202464114471 Date Filed: 10/7/2024

-FILED-

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	ARTICLES OF ORGANIZATIC
	CA LIMITED LIABILITY COM
·	California Secretary of State
	1500 11th Street
	Sacramento, California 95814
	(916) 657-5448

Initial Street Address of Principal Office of LLC	
Principal Address	12816 INGLEWOOD AVE 1134 HAWTHORNE, CA 90250
Initial Mailing Address of LLC	
Mailing Address	12816 INGLEWOOD AVE PMB1134 HAWTHORNE, CA 90250
Attention	
Agent for Service of Process	
Agent Name	Keeana Shonfelt
Agent Address	71898 TAYLOR LANE TWENTYNINE PALMS, CA 92277
Purpose Statement	
The purpose of the limited liability company is to company may be organized under the California	engage in any lawful act or activity for which a limited liability Revised Uniform Limited Liability Company Act.
Management Structure	
The LLC will be managed by	One Manager
Additional information and signatures set forth on made part of this filing.	attached pages, if any, are incorporated herein by reference and
Electronic Signature	
By signing, I affirm under penalty of perjury that California law to sign.	t the information herein is true and correct and that I am authorized by
Keeana Shonfelt	10/07/2024
Organizer Signature	Date