



202464717111



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.: 202464717111 Date Filed: 12/18/2024

Limited Liability Company Name	
Limited Liability Company Name	Nexus Connections LLC
Initial Street Address of Principal Office of LLC	
Principal Address	3301 SOUTH BEAR STREET
	35H
	SANTA ANA, CA 92704
Initial Mailing Address of LLC	
Mailing Address	3301 SOUTH BEAR STREET
	35H
Attacking	SANTA ANA, CA 92704
Attention	
Agent for Service of Process	
Agent Name	Jake Gonzales
Agent Address	3301 SOUTH BEAR STREET
	35H
	SANTA ANA, CA 92704
Purpose Statement	
	s to engage in any lawful act or activity for which a limited liability
company may be organized under the Califor	nia Revised Uniform Limited Liability Company Act.
Management Structure	
Management Structure The LLC will be managed by	One Manager
The LLC will be managed by	
5	One Manager 12/18/2024
The LLC will be managed by Future File Date	
The LLC will be managed by Future File Date	12/18/2024
The LLC will be managed by Future File Date Additional information and signatures set forth made part of this filing.	12/18/2024
The LLC will be managed by Future File Date Additional information and signatures set forth made part of this filing. Electronic Signature	12/18/2024 n on attached pages, if any, are incorporated herein by reference and
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The LLC will be managed by Future File Date Additional information and signatures set forth made part of this filing. Electronic Signature By Signing, I affirm under penalty of perjury	12/18/2024 n on attached pages, if any, are incorporated herein by reference and
Future File Date Additional information and signatures set forth made part of this filing. Electronic Signature By signing, I affirm under penalty of perjury California law to sign.	12/18/2024 n on attached pages, if any, are incorporated herein by reference and that the information herein is true and correct and that I am authorized by