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Secretary of State Articles of Organization Limited Liability Company (LLC)	LLC-1	For Office Use Only		у	
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		File No.: B20250014411 Date Filed: 3/3/2025			
Filing Fee - \$70.00		Date Filed: 3/3/2025			
Certified Copy Fee (Optional) - \$5.00					
Note: LLCs may have to pay minimum \$800 tax to the California Fr Board each year. For more information, go to https://www.ftb.ca.gov					
		This Spa	is Space For Office Use Only		
1. Limited Liability Company Name (Must contain an LLC iden	tifier such as LLC or L.L.C. "L	LC" will be adde	ed, if not inc	luded.)	
VSEG LLC					
2. Business Addresses					
a. Initial Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
915 CORPORATE WAY	FREMONT		< A	94539	
b. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations)		State	Zip Code	
	1				
3. Service of Process (Must provide either Individual OR Corporation	n.)			<u></u>	
3. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's fi	·	address.			
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's fi a. California Agent's First Name (if agent is not a corporation)	·	Last Name			Suffix
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's f	ull name and California street	Last Name	0 C N	K	Suffix
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's final Agent's First Name (if agent is not a corporation)	Middle Name City (no abbreviations)	Last Name	AN DO	K Zip Coo	
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's final California Agent's First Name (if agent is not a corporation)	ull name and California street Middle Name	Last Name		Zip Cod	
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's final California Agent's First Name (if agent is not a corporation) VINAT b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	Middle Name City (no abbreviations)	Last Name	State	Zip Cod	ie
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's five a. California Agent's First Name (if agent is not a corporation) VINAY b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 915 CORPORATION - Complete Item 3c. Only include the name of the re-	Middle Name City (no abbreviations) FREMON gistered agent Corporation.	Last Name	State	Zip Cod	ie
INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's five a. California Agent's First Name (if agent is not a corporation) VINAY b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box QIS CORPORATION - Complete Item 3c. Only include the name of the rec. California Registered Corporate Agent's Name (if agent is a corporation) - Do	Middle Name City (no abbreviations) FREMON gistered agent Corporation.	Last Name	State	Zip Cod	ie
a. California Agent's First Name (if agent is not a corporation) VINAY b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 915 CORPORATE WAY	Middle Name City (no abbreviations) FREMON gistered agent Corporation.	Last Name	State	Zip Cod	ie

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 $\frac{1}{2}$ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company

Organizer sign here

Print your name here

may be organized under the California Revised Uniform Limited Liability Company Act.