

**STATE OF CALIFORNIA** 

California Secretary of State

Sacramento, California 95814

1500 11th Street

(916) 657-5448

Office of the Secretary of State

ARTICLES OF ORGANIZATION CA LIMITED LIABILITY COMPANY

## 

2025052120

For Office Use Only



File No.: 202565212641 Date Filed: 1/8/2025

| Limited Liability Company Name  |                                 |
|---|---------------------------------|
| Limited Liability Company Name  | Med Device Expertise LLC        |
| Initial Street Address of Principal Office of LLC   |                                 |
| Principal Address   | 1401 21ST ST                    |
|   | SUITE R                         |
|   | SACRAMENTO, CA 95811            |
| Initial Mailing Address of LLC  |                                 |
| Mailing Address   | 1849 HAMILTON LANE              |
|   | ESCONDIDO, CA 92029             |
| Attention   |                                 |
| Agent for Service of Process  |                                 |
| California Registered Corporate Agent (1505)  | REGISTERED AGENTS INC           |
|   | Registered Corporate 1505 Agent |
| 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  | 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  |                                 |
| By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by                         |                                 |
| 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. |                                 |
|   |                                 |
|   |                                 |
| Sean Walker   | 01/08/2025                      |
| Organizer Signature   | Date                            |
|   |                                 |