



202463712484



**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.: 202463712484

Date Filed: 9/3/2024

B3015-9565 09/03/2024 9:32 PM Received by California Secretary of State

|                                                                                                                                                                                       |                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited Liability Company Name                                                                                                                                                        | ThriveMed, LLC                                                                                                                                                                                                     |
| Initial Street Address of Principal Office of LLC<br>Principal Address                                                                                                                | 2883 MUIR TRAIL DRIVE<br>FULLERTON, CA 92833                                                                                                                                                                       |
| Initial Mailing Address of LLC<br>Mailing Address                                                                                                                                     | 2883 MUIR TRAIL DRIVE<br>FULLERTON, CA 92833                                                                                                                                                                       |
| Attention                                                                                                                                                                             | WILLIAM MO SHIN                                                                                                                                                                                                    |
| Agent for Service of Process<br>Agent Name                                                                                                                                            | WILLIAM MO SHIN                                                                                                                                                                                                    |
| Agent Address                                                                                                                                                                         | 2883 MUIR TRAIL DRIVE<br>FULLERTON, CA 92833                                                                                                                                                                       |
| 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<br>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                                                                                                                                                                  |                                                                                                                                                                                                                    |
| <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. |                                                                                                                                                                                                                    |
| <i>William Shin</i>                                                                                                                                                                   | <i>09/03/2024</i>                                                                                                                                                                                                  |
| Organizer Signature                                                                                                                                                                   | Date                                                                                                                                                                                                               |