



202464618428



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.: 202464618428 Date Filed: 11/21/2024

Limited Liability Company Name	D & M Carter LLC
Initial Street Address of Principal Office of LLC	
Principal Address	18710 RAVENWOOD DRIVE PERRIS, CA 92570
Initial Mailing Address of LLC	
Mailing Address	18710 RAVENWOOD DRIVE PERRIS, CA 92570
Attention	Marne
Agent for Service of Process	
Agent Name	Marne Carter
Agent Address	18710 RAVENWOOD DRIVE PERRIS, CA 92570
	s to engage in any lawful act or activity for which a limited liability rnia Revised Uniform Limited Liability Company Act.
company may be organized under the Califo Management Structure The LLC will be managed by	rnia Revised Uniform Limited Liability Company Act.
company may be organized under the Califo Management Structure The LLC will be managed by Additional information and signatures set fort made part of this filing.	rnia Revised Uniform Limited Liability Company Act. More than One Manager
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company may be organized under the Califo Management Structure The LLC will be managed by Additional information and signatures set for made part of this filing. Signatures By signing, I affirm under penalty of perjury	More than One Manager th on attached pages, if any, are incorporated herein by reference and
company may be organized under the Califo Management Structure The LLC will be managed by Additional information and signatures set fort made part of this filing. Signatures By signing, I affirm under penalty of perjunction California law to sign. Marne Carter	More than One Manager th on attached pages, if any, are incorporated herein by reference and y that the information herein is true and correct and that I am authorized by
company may be organized under the Califo Management Structure The LLC will be managed by Additional information and signatures set fort made part of this filing. Signatures By signing, I affirm under penalty of perjury California law to sign.	More than One Manager th on attached pages, if any, are incorporated herein by reference and y that the information herein is true and correct and that I am authorized by 11/21/2024



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of ____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB - 3 2004

Secretary of State



State of California **Kevin Shelley** Secretary of State

ENDORSED - FILED

File #

200403110084

in the office of the Secretary of State of the State of California

JAN 2 8 2004

KEVIN SHELLEY Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.

	IMPORTANT – Read instructions before completing this form.	This Space For Filing Use Only		
1.	NAME OF THE LIMITED LIABILITY COMPANY (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO., "OR THE ABBREVIATIONS "LLC" OR "L.L.C.")			
	D & M CARTER LLC			
2.	THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAURINITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMIT	TED LIABILITY COMPANY ACT.		
3.	CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR S AN INDIVIDUAL RESIDING IN CALIFORNIA. PROCEED TO ITEM 4. A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO SECTION SECT			
4.	ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN IN ADDRESS 16133 VENTURA BLVD, SUITE 545	IDIVIDUAL:		
	CITY ENCINO STATE CA	ZIP CODE 91436		
6.	THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY: (CHECK ONE) ONE MANAGER MORE THAN ONE MANAGER ALL LIMITED LIABILITY COMPANY MEMBER(S) OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE THE LATEST DA	ON SEPARATE ATTACHED PAGES AND ARE MADE A		
7.	NUMBER OF PAGES ATTACHED, IF ANY:			
8.	The state of the s			
9.	TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY. (FOR INFORMATION ONSTRUCTION MANAGEMENT IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTR	· · · · · · · · · · · · · · · · · · ·		
	SIGNATURE OF ORGANIZER DAVID L. NADEL TYPE OR PRINT NAME OF ORGANIZER	JANUARY 27, 2004 DATE		
10.	RETURN TO: . NAME DAVID L. NADEL FIRM NADEL CPA'S, A PROFESSIONAL CORPORATION ADDRESS 16133 VENTURA BLVD, SUITE 545 CITY/STATE ENCINO, CA 91436 ZIP CODE	ST. CE OF THE		

SEC/STATE FORM LLC-1 (Rev. 12/2003) - FILING FEE \$70.00

APPROVED BY SECRETARY OF STATE



State of California **Kevin Shelley Secretary of State**

LIMITED LIABILITY COMPANY - STATEMENT OF INFORMATION

Filing Fee \$20.00 - If Amendment, See Instructions

IMPORTANT- Read Instructions Before Completing This Form

LIMITED LIABILITY COMPANY NAME: (Do not after if name is preprinted.)

SEC/STATE FORM LLC-12 (REV. 01/03/03)

	D & M CARTER LLC			4.	
	18710 RAVENWOOD DRIVE PERRIS CA 92570			Ε α	
	1 BAR13 CA 923/0		<u> </u>	т.	
2.	SECRETARY OF STATE FILE NUMBER	· · · · · · · · · · · · · · · · · · ·	This Space For Filing Use Only	 Y	
٠.	200403110084	3. STATE OR PLACE OF CALIFORNIA		Received	
4.	PRINCIPAL EXECUTIVE OFFICE				
	STREET ADDRESS 18710 Ravenwood Drive			Ľ	
	CITY Perris	STATE CA	ZIP CODE 92570	70	
5.	CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY)				
	STREET ADDRESS 18710 Ravenwood Drive			χ	
	CITY Perris	STATE CA	ZIP CODE 92570		
6.	CHECK THE APPROPRIATE PROVISION BELOW AND NAME TO	HE AGENT FOR SERVICE OF PI	ROCESS		
	[X] AN INDIVIDUAL RESIDING IN CALIFORNIA.			-	
	[] A CORPORATION WHICH HAS FILED A CERTIFICATE PL	URSUANT TO CALIFORNIA COR	PORATIONS CODE SECTION 1505.	_ ⊢	
	AGENT'S NAME: DAN CALER			F	
	<u> </u>			ornia	
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	ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CAL	IFORNIA, IF AN INDIVIDUAL		U	
	ADDRESS 18710 RAVENWOOD Do			מ	
	city tanis	STATE CA	ZIP CODE 92570	— (С Н	
6.	DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY CO CONSTRUCTION MANAGEMENT	OMPANY.	• • • • • • • • • • • • • • • • • • • •		
9.	LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER	R OR MANAGERS, OR IF NONE	HAVE BEEN APPOINTED OR ELECTED,	— <u>A</u> FY	
	PROVIDE THE NAME AND ADDRESS OF EACH MEMBER, ATTA	ACH ADDITIONAL PAGES, IF NE	CESSARY.	C	
9a.	NAME Daniel Carter			╾┫┖	
	ADDRESS 18710 Ravenwood Drive			מכמ	
	CITY Perris	STATE CA	ZIP CODE 92570	ά	
9b.	NAME Marne Carter				
	ADDRESS 18710 Ravenwood Drive				
	CHY Perris	STATE CA	ZIP CODE 92570		
9c.	NAME			7	
	ADDRESS			- 1	
- A	CITY	STATE	ZIP CODE		
10.	CHIEF EXECUTIVE OFFICER (CEO), IF ANY				
	NAME Daniel Cartes				
	ADDRESS 18710 Ravenicood D-	Λ	0		
11.	CITY Perus	STATE CA	ZIP CODE 9(2578)	_	
11.	NUMBER OF PAGES ATTACHED, IF ANY:				
12.	THIS STATEMENT IS TRUE, CORRECT, AND COMPLETE.			ᅱ	
	MOVIE CALED TYPE OF PRINT NAME OF PERSON COMPLETING FORM SIGNAT	me R Certes M	lember 2-25-04 TLE DATE		
DU	E DATE: APR 2 8 2004			7	

APPROVED BY SECRETARY OF STATE

11/21/2024