Secretary of State	LLC-1		_	Office Use O	•
Articles of Organization			-	ILED	-
Limited Liability Company (LLC)	İ	Fi	le No.: 202	2464213601	
		Di	ate Filed: 1	0/9/2024	
Filing Fee - \$70.00	;				
Certified Copy Fee (Optional) - \$5.00					
Note: LLCs may have to pay minimum \$800 tax to the California Fra Board each year. For more information, go to https://www.ftb.ca.gov/	unchise Tax				
		This So	ece For C	Office Use O	mly
1. Limited Liability Company Name (Must contain on LLC identi	fer such as LLC or L.C.C	<u> </u>			<u>-</u>
1329 San Julian Lane LLC					
2. Business Addresses					
a Intital Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code	
916 Springwood Ln	Encinitas		CA	92024	
initial Malling Address of LLC, If different then less 20	City (no abbreviations)			Zip Code	
Daniel of Change				<u> </u>	
IMENVIDUAL - Complete items 3s and 3b only. Must include agent's full		et address.		Sk	
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IMENVIDUAL — Complete Nems 3s and 3b only. Must include agent's full California Agent's First Name (if agent is not a corporation)	name and California stre	Lest Name	State	Si Si Zip Code	effect
IMENVIDUAL — Complete Nems 3s and 3b only. Must include agent's full California Agent's First Name (If agent is not a corporation) IGATHOR Street Address (If agent is not a corporation) - De not enter a P.O. Box	name and California stre Middle Name	Lest Name	State		Affec
IMDIVIDUAL - Complete items 3e and 3b only. Must include agent's full California Agent's First Name (if agent is not a corporation)	name and California stre Middle Name City (no abbreviations) Encirnitas bred agent Corporation.	Lest Name		Zip Code	All a
IMENVIDUAL — Complete Nems 3s and 3b only. Must include agent's full California Agent's First Name (If agent is not a corporation) ileather Street Address (If agent is not a corporation) - Do not enter a P.O. Box 16 SpringWood Ln CORPORATION — Complete Nam 3c. Only include the name of the regist	name and California stre Middle Name City (no abbreviations) Encirnitas bred agent Corporation.	Lest Name		Zip Code	All Control of the Co
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i. California Agent's First Name (if agent is not a corporation) ideather i. Street Address (if agent is not a corporation) - De not enter a P.O. Box in 6 Springwood Ln corporation - Complete Hern 3c. Only include the name of the regist California Registered Corporate Agent's Name (if agent is a corporation) - Do not in Management (Select only one box) the LLC will be managed by:	Manager Manager Manager	All LLC Me	CA mber(s)	21p Code 92024	
IMENVIDUAL - Complete Nems 3s and 3b only. Must include agent's full California Agent's First Name (if agent is not a corporation) ideather Serect Address (if agent is not a corporation) - Do not enter a P.O. Box 16 SpringWood Ln CORPORATION - Complete Nam 3c. Only include the name of the regist California Registered Corporate Agent's Name (if agent is a corporation) - Do not Management (Select only one box) The LLC will be managed by: One Manager More than One Purpose Statement (Do not after Purpose Statement) The purpose of the limited liability company is to engage in as	Middle Name City (no abbreviations) Enciritass level agent Corporation. complete item 3e or 3b Manager my lawful act or act Liability Company i	All LLC Me	CA ember(s) a limited	Zip Code 92024 Neblity cor	mpar

Wade Podlich

Organizer sign here

Print your name here