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B3035-1351 09/12/2024 10:27 AM Received by California Secretary of State



**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.: 202463814054

Date Filed: 9/12/2024

Limited Liability Company Name	
Limited Liability Company Name	735 Emerson Street, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	105 FREMONT AVENUE SUITE A LOS ALTOS, CA 94022
Initial Mailing Address of LLC	
Mailing Address	105 FREMONT AVENUE SUITE A LOS ALTOS, CA 94022
Attention	
Agent for Service of Process	
Agent Name	Thomas E Harrington
Agent Address	105 FREMONT AVENUE SUITE A LOS ALTOS, CA 94022
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	
<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.	
Thomas E. Harrington	09/12/2024
Organizer Signature	Date



Secretary of State  
Articles of Organization  
Limited Liability Company (LLC)

LLC-1

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

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1. **Limited Liability Company Name** (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)  
735 Emerson Street, LLC

2. **Business Addresses**

a. Initial Street Address of Principal Office - <b>Do not enter a P.O. Box</b> 105 Fremont Avenue, Suite A	City (no abbreviations) Los Altos	State CA	Zip Code 94022
b. Initial Mailing Address of LLC, if <b>different than item 2a</b>	City (no abbreviations)	State	Zip Code

3. **Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation) Thomas	Middle Name E.	Last Name Harrington	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 105 Fremont Avenue, Suite A	City (no abbreviations) Los Altos	State CA	Zip Code 94022

**CORPORATION** – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b
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4. **Management** (Select **only** one box)

The LLC will be managed by:
<input checked="" type="checkbox"/> One Manager <input type="checkbox"/> More than One Manager <input type="checkbox"/> All LLC Member(s)

5. **Purpose Statement** (Do not alter 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.
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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 1/2 x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Organizer sign here

LLC-1 (REV 11/2023)

Thomas E. Harrington  
Print your name here