



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

LLC-1

For Office Use Only

**-FILED-**

File No.: 202463913577  
 Date Filed: 9/17/2024

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.)

Natures' Kin Beauty Care, LLC

2. **Business Addresses**

|                                                                         |                         |       |          |
|-------------------------------------------------------------------------|-------------------------|-------|----------|
| a. Initial Street Address of Principal Office - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
| 3309 JULLIARD DR, STE A                                                 | SACRAMENTO              | CA    | 95826    |
| b. Initial Mailing Address of LLC, if different than item 2a            | City (no abbreviations) | State | Zip Code |
| N/A                                                                     | N/A                     |       |          |

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 not a corporation)            | Middle Name             | Last Name | Suffix   |
| NANA                                                                        | K. A.                   | AGYEMAN   |          |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbreviations) | State     | Zip Code |
| 421 INDIANA AVE.                                                            | SACRAMENTO              | CA        | 95833    |

**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

4. **Management** (Select only one box)

The LLC will be managed by:

One Manager       More than One Manager       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.

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

NANA AGYEMAN  
 Print your name here