



B20250007119



**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.: B20250007119

Date Filed: 3/1/2025

B3486-5267 03/01/2025 11:25 PM Received by California Secretary of State

Limited Liability Company Name Limited Liability Company Name	MAGNOLIA SURGICAL INSTITUTE, LLC
Initial Street Address of Principal Office of LLC Principal Address	530 PLAZA DRIVE SUITE 110 FOLSOM, CA 95630
Initial Mailing Address of LLC Mailing Address	5760 LINDERO CANYON ROAD SUITE 1134 WESTLAKE VILLAGE, CA 91362
Attention	
Agent for Service of Process Agent Name Agent Address	DANIEL S ORLOVICH MD 5760 LINDERO CANYON ROAD SUITE 1134 WESTLAKE VILLAGE, CA 91362
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	More than 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>FAROOQ MIR</i> Organizer Signature	<i>03/01/2025</i> Date