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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.: 202464817558

Date Filed: 1/1/2025

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited Liability Company Name | Heal Family Center LLC |
| Initial Street Address of Principal Office of LLC Principal Address | 5315 CRESTFIELD DR SAN RAMON, CA 94582 |
| Initial Mailing Address of LLC Mailing Address | 5315 CRESTFIELD DR SAN RAMON, CA 94582 |
| Attention | DR. Cathrien Abdelnor |
| Agent for Service of Process Agent Name | Mina Fouad |
| Agent Address | 5315 CRESTFIELD DR SAN RAMON, CA 94582 |
| 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 |
| Future File Date | 01/01/2025 |
| Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing. | |
| Signatures | |
| <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. | |
| <u>Cathrien Abdelnor</u> Organizer Signature | <u>12/10/2024</u> Date |
| <u>Mina Fouad</u> Organizer Signature | <u>12/10/2024</u> Date |