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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



File No.: 202464411441 Date Filed: 10/29/2024

| Limited Liability Company Name   |                                       |
|--|---------------------------------------|
| Limited Liability Company Name   | boulderflow LLC                       |
| Initial Street Address of Principal Office of LLC  |                                       |
| Principal Address  | 908 MOODY CT<br>PASO ROBLES, CA 93446 |
| Initial Mailing Address of LLC   |                                       |
| Mailing Address  | 908 MOODY CT<br>PASO ROBLES, CA 93446 |
| Attention  |                                       |
| Agent for Service of Process   |                                       |
| Agent Name   | Vicki Jacobs                          |
| Agent Address  | 6801 LEISURE TOWN RD                  |
|  | UNIT 5<br>VACAVILLE, CA 95688         |
|  | VACAVILLE, CA 95088                   |
| 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   |                                       |
| 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.  |                                       |
| Sean Erickson  | 10/29/2024                            |
| Organizer Signature  | Date                                  |
|  |                                       |