



202565619570



**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.: 202565619570

Date Filed: 2/4/2025

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Limited Liability Company Name	
Limited Liability Company Name	AllCare Mobile Wound Treatment, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	24404 SOUTH VERMONT AVENUE SUITE 312 HARBOR CITY, CA 90710
Initial Mailing Address of LLC	
Mailing Address	24404 SOUTH VERMONT AVENUE SUITE 312 HARBOR CITY, CA 90710
Attention	
Agent for Service of Process	
Agent Name	Marizel Yukee
Agent Address	24404 SOUTH VERMONT AVENUE SUITE 312 HARBOR CITY, CA 90710
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.	
<i>Marizel Yukee</i>	<i>02/04/2025</i>
Organizer Signature	Date