



202463710674



**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.: 202463710674

Date Filed: 9/3/2024

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|   |  |
|---|--|
| Limited Liability Company Name  |  |
| Limited Liability Company Name  | Infectious Vibes Entertainment LLC.  |
| Initial Street Address of Principal Office of LLC   |  |
| Principal Address   | 1819 SAN ARDO STREET<br>TORRANCE, CA 90501   |
| Initial Mailing Address of LLC  |  |
| Mailing Address   | 611 WILSHIRE BLVD<br>SUITE 900 PMB #620<br>LOS ANGELES, AZ 90017   |
| Attention   | Tierra Therese Ellis   |
| Agent for Service of Process  |  |
| Agent Name  | Tierra Therese Ellis   |
| Agent Address   | 1819 SAN ARDO STREET<br>TORRANCE, CA 90501   |
| 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>Tierra Therese Ellis</i>   | <i>09/03/2024</i>  |
| Organizer Signature   | Date   |



Secretary of State  
Business Programs Division  
Business Entities

1500 11th Street, Sacramento, CA 95814  
P.O. Box 944260, Sacramento, CA 94244-2600

## Business Entities Submission Cover Sheet

For fastest service, file online at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).

### Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-dates](https://www.sos.ca.gov/business/be/processing-dates).
- To obtain a certified copy, include certification fees with your submission.

**Note: All correspondence related to your submission will be sent to the name and address on your check or money order.**

### Contact Person (Please type or print legibly):

First Name: Tierra Last Name: Ellis  
Phone Number: 5205101808 Email: tierrathereseellis@gmail.com

### Entity Information (Please type or print legibly):

Entity Name: Infectious Vibes Entertainment, LLC.  
Entity Number (if applicable): \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

**LLC-1**

**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/>.

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

Infectious Vibes Entertainment LLC.

**2. Business Addresses**

|  |  |             |                   |
|--|--|-------------|-------------------|
| a. Initial Street Address of Principal Office - <b>Do not enter a P.O. Box</b><br>611 Wilshire Blvd Suite 900 PMB #620 | City (no abbreviations)<br>Los Angeles | State<br>CA | Zip Code<br>90017 |
| b. Initial Mailing Address of LLC, if different than item 2a   | City (no abbreviations)                | State       | Zip Code          |

**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 <b>not</b> a corporation)<br>Tierra   | Middle Name<br>Therese                 | Last Name<br>Ellis | Suffix            |
| b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b><br>611 Wilshire Blvd Suite 900 PMB #620 | City (no abbreviations)<br>Los Angeles | State<br>CA        | Zip Code<br>90017 |

**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 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Organizer sign here

Tierra Therese Ellis

Print your name here