



202464710149



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.: 202464710149

Date Filed: 11/21/2024

B3211-8932 11/21/2024 2:47 PM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	Verve Management Services, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	2675 IRVINE AVE SUITE 100 COSTA MESA, CA 92627
Initial Mailing Address of LLC	
Mailing Address	2675 IRVINE AVE SUITE 100 COSTA MESA, CA 92627
Attention	Danielle Roach
Agent for Service of Process	
Agent Name	Kyle Roach
Agent Address	2675 IRVINE AVE. SUITE 100 COSTA MESA, CA 92627
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	All LLC Member(s)
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>Danielle Roach</i>	<i>11/21/2024</i>
Organizer Signature	Date



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

LLC-1

IMPORTANT — [Read Instructions](#) before completing this form.

Filing Fee – \$70.00

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$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>.

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

Verve Management Services, LLC

2. Business Addresses

a. Initial Street Address of Designated Office in California - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2675 Irvine Ave Suite 100	Costa Mesa	CA	92627
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 not a corporation)	Middle Name	Last Name	Suffix
Kyle		Roach	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2675 Irvine Ave Suite 100	Costa Mesa	CA	92627

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

Danielle Roach

Print your name here