



202463517873



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.: 202463517873

Date Filed: 8/22/2024

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Limited Liability Company Name	DMND1549, LLC
Initial Street Address of Principal Office of LLC Principal Address	336 EL CAMINO REAL SAN CARLOS, CA 94070
Initial Mailing Address of LLC Mailing Address	336 EL CAMINO REAL SAN CARLOS, CA 94070
Attention	Matthew Galli
Agent for Service of Process Agent Name	Matthew T. Galli
Agent Address	336 EL CAMINO REAL SAN CARLOS, CA 94070
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.	
<u>Matthew T. Galli</u> Organizer Signature	<u>08/22/2024</u> Date



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/>.

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

DMND1549, LLC

2. Business Addresses

a. Initial Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
336 El Camino Real	San Carlos	CA	94070
b. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations)	State	Zip Code
n/a	n/a	n/a	n/a

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
Matthew	Taylor	Galli	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
336 El Camino Real	San Carlos	CA	94070

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
n/a

4. Management (Select **only** one box)

The LLC will be managed by:		
<input type="checkbox"/> One Manager	<input type="checkbox"/> More than One Manager	<input checked="" type="checkbox"/> 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.
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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.)

Matthew T. Galli

Organizer sign here

Matthew T. Galli

Print your name here