



202565919635



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.: 202565919635 Date Filed: 2/24/2025

| Limited Liability Company Name | 1440Veteran219 LLC |
|---|--|
| Initial Street Address of Principal Office of LLC | |
| Principal Address | 1817 PROSSER AVENUE, |
| | APT 301 |
| | LOS ANGELES, CA 90025 |
| Initial Mailing Address of LLC | |
| Mailing Address | 1817 PROSSER AVENUE |
| | APT 301 |
| | LOS ANGELES, CA 90025 |
| Attention | PARESH G AMARE |
| Agent for Service of Process | |
| Agent Name | PARESH G AMARE |
| Agent Address | 1817 PROSSER AVENUE, |
| | APT 301 |
| | LOS ANGELES, CA 90025 |
| Purpose Statement | |
| | is to engage in any lawful act or activity for which a limited liability |
| company may be organized under the Califo | rnia Revised Uniform Limited Liability Company Act. |
| Management Structure | |
| The LLC will be managed by | One Manager |
| | |
| · · · · · · · · · · · · · · · · · · · | th on attached pages, if any, are incorporated herein by reference and |
| I CALL CIL | |
| made part of this filing. | |
| made part of this filing. Electronic Signature | |
| Electronic Signature | v that the information herein is true and correct and that I am authorized by |
| Electronic Signature By Signing, I affirm under penalty of perjury | y that the information herein is true and correct and that I am authorized by |
| Electronic Signature | y that the information herein is true and correct and that I am authorized by |
| Electronic Signature By signing, I affirm under penalty of perjury California law to sign. | |
| Electronic Signature By signing, I affirm under penalty of perjury | y that the information herein is true and correct and that I am authorized by 02/24/2025 Date |