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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.: 202565119367

Date Filed: 1/3/2025

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------|--|--|
| Limited Liability Company Name | Limited Liability Company Name | | | WEMOVIE STUDIOS LLC | | |
| Initial Street Address of Principal Office of LLC | Principal Address | | | 5758 LAS VIRGENES ROAD #288 CALABASAS, CA 91302 | | |
| Initial Mailing Address of LLC | Mailing Address | | | 5758 LAS VIRGENES ROAD #288 CALABASAS, CA 91302 | | |
| | Attention | | | | | |
| Agent for Service of Process | Agent Name | | | Mahsa Hakimi | | |
| | Agent Address | | | 360 LANGTON STREET SUITE 203 SAN FRANCISCO, CA 94103 | | |
| 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 | | | More than 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. | | | | | | |
| /mahsa hakimi/ | | | | 01/03/2025 | | |
| Organizer Signature | | | | Date | | |