



202464719463



**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.: 202464719463

Date Filed: 12/2/2024

B3233-1553 12/02/2024 2:33 PM Received by California Secretary of State

|   |  |
|---|--|
| Limited Liability Company Name  | Lily's Care Operations LLC   |
| Initial Street Address of Principal Office of LLC<br>Principal Address  | 1441 REVERE AVE<br>SAN JOSE, CA 95118  |
| Initial Mailing Address of LLC<br>Mailing Address   | 380 NORTHLAKE DR # 43<br>SAN JOSE, CA 95117  |
| Attention   |  |
| Agent for Service of Process<br>Agent Name  | Leila Shahsavari   |
| Agent Address   | 380 NORTHLAKE DR # 43<br>SAN JOSE, CA 95117  |
| 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<br>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>Leila Shahsavari</u><br>Organizer Signature  | <u>12/02/2024</u><br>Date  |