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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.: 202464614895

Date Filed: 11/18/2024

Limited Liability Company Name	Salas Gold, LLC
Initial Street Address of Principal Office of LLC Principal Address	84577 WILLAMETTE DRIVE INDIO, CA 92203
Initial Mailing Address of LLC Mailing Address	84577 WILLAMETTE DRIVE INDIO, CA 92203
Attention	
Agent for Service of Process Agent Name	raul salas
Agent Address	84577 WILLAMETTE DRIVE INDIO, CA 92203
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	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.	
<u>raul salas</u> Organizer Signature	<u>11/18/2024</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/>.

This Space For Office Use Only

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

**SALAS GOLD, LLC**

2. Business Addresses

a. Initial Street Address of Principal Office - Do not enter a P.O. Box <b>84577 WILLAMETTE DRIVE</b>	City (no abbreviations) <b>INDIO</b>	State <b>CA</b>	Zip Code <b>92203</b>
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) <b>RAUL</b>	Middle Name	Last Name <b>SALAS</b>	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box <b>84577 WILLAMETTE DRIVE</b>	City (no abbreviations) <b>INDIO</b>	State <b>CA</b>	Zip Code <b>92203</b>

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.)

**RAUL SALAS**

Organizer sign here

Print your name here