



202464719867



**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-**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limited Liability Company Name                                                                                                                                                        | Homebodies LLC                                                                                                                                                                                                     |
| Initial Street Address of Principal Office of LLC<br>Principal Address                                                                                                                | 43603 MOCCASIN PLACE<br>LANCASTER, CA 93536                                                                                                                                                                        |
| Initial Mailing Address of LLC<br>Mailing Address                                                                                                                                     | 43603 MOCCASIN PLACE<br>LANCASTER, CA 93536                                                                                                                                                                        |
| Attention                                                                                                                                                                             | Alejandra Bragg                                                                                                                                                                                                    |
| Agent for Service of Process<br>Agent Name                                                                                                                                            | william james pallares                                                                                                                                                                                             |
| Agent Address                                                                                                                                                                         | 5445 ATLANTIC AVE<br>STE B<br>LONG BEACH, CA 90805                                                                                                                                                                 |
| 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                                                                                                                                    | 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>william james pallares</u><br>Organizer Signature                                                                                                                                  | <u>12/02/2024</u><br>Date                                                                                                                                                                                          |