



202464815535



**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.: 202464815535

Date Filed: 12/6/2024

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Limited Liability Company Name	Aloha Care Services LLC
Initial Street Address of Principal Office of LLC	2472 MEDALLION DR
Principal Address	UNION CITY, CA 94587
Initial Mailing Address of LLC	PO BOX 491
Mailing Address	UNION CITY, CA 94587
Attention	Aloha Care Services LLC
Agent for Service of Process	Karen M Mendoza
Agent Name	2472 MEDALLION DR
Agent Address	UNION CITY, CA 94587
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	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.	
<i>Karen M. Mendoza</i>	<i>12/06/2024</i>
Organizer Signature	Date