



202565713890



**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                                                                                                                                                        |                                                                                                                                                                                                                    |
| Limited Liability Company Name                                                                                                                                                        | Bae's Beauty Lounge LLC                                                                                                                                                                                            |
| Initial Street Address of Principal Office of LLC                                                                                                                                     |                                                                                                                                                                                                                    |
| Principal Address                                                                                                                                                                     | 3090 NEAP PL<br>OXNARD, CA 93035                                                                                                                                                                                   |
| Initial Mailing Address of LLC                                                                                                                                                        |                                                                                                                                                                                                                    |
| Mailing Address                                                                                                                                                                       | 3090 NEAP PL<br>OXNARD, CA 93035                                                                                                                                                                                   |
| Attention                                                                                                                                                                             |                                                                                                                                                                                                                    |
| Agent for Service of Process                                                                                                                                                          |                                                                                                                                                                                                                    |
| Agent Name                                                                                                                                                                            | Anika Briana Garcia                                                                                                                                                                                                |
| Agent Address                                                                                                                                                                         | 3090 NEAP PL<br>OXNARD, CA 93035                                                                                                                                                                                   |
| 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                                                                                                                                                            | 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. |                                                                                                                                                                                                                    |
| <i>Anika Briana Garcia</i>                                                                                                                                                            | <i>02/06/2025</i>                                                                                                                                                                                                  |
| Organizer Signature                                                                                                                                                                   | Date                                                                                                                                                                                                               |