



202463914624



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.: 202463914624

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Limited Liability Company Name	Nexus Healthcare Properties LLC
Initial Street Address of Principal Office of LLC Principal Address	1710 W LONGVIEW AVE STOCKTON, CA 95207
Initial Mailing Address of LLC Mailing Address	1734 W. LONGVIEW AVE STOCKTON, CA 95207
Attention	Christine Chen
Agent for Service of Process Agent Name	Christine Chen
Agent Address	1734 W LONGVIEW AVE STOCKTON, CA 95207
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.	
<u>Zhan Chen</u> Organizer Signature	<u>09/20/2024</u> Date

 <div>Secretary of State Articles of Organization Limited Liability Company (LLC)</div>	LLC-1
<div>Filing Fee - \$70.00</div> <div>Certified Copy Fee (Optional) - \$5.00</div> <div>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/.</div>	
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1. Limited Liability Company Name (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

Nexus Healthcare Properties LLC

2. Business Addresses

a. Initial Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1710 W. Longview Avenue	Stockton	CA	95207
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)	Middle Name	Last Name	Suffix
Christine		Chen	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1734 W. Longview Avenue	Stockton	CA	95207

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 1/2 x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)


Organizer sign here

Zhan Chen
Print your name here