Secretary of State	LLC-1	For Office Use Only		ffice Use Only
Articles of Organization	<u> </u>		-F	ILED-
Limited Liability Company (LLC)				
		File No.: 202464919044 Date Filed: 12/13/2024		
		Date	riied. 12	/13/2024
Filing Fee - \$70.00				
Certified Copy Fee (Optional) - \$5.00				
Note: LLCs may have to pay minimum \$800 tax to the California Fr Board each year. For more information, go to https://www.ftb.ca.gov				
		This Spac	e For O	ffice Use Only
1. Limited Liability Company Name (Must contain an LLC iden	tifier such as LLC or L.L.C.	"LLC" will be added	i, if not in	cluded.)
Morris Medical Solutions LLC				
2. Business Addresses			State	
a. Initial Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)		Zip Code
2204 Greenfield Dr	Pittsburg	Pittsburg		94565
o. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations		State	Zip Code
				<u> </u>
3. Service of Process (Must provide either Individual OR Corporatio	n.)			
3. Service of Process (Must provide either Individual OR Corporatio INDIVIDUAL Complete Items 3a and 3b only. Must include agent's fe	•	et address.		
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's fe	•	et address. Last Name		Suffix
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's fea. California Agent's First Name (if agent is not a corporation)	ull name and California stre			Suffix
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's for a California Agent's First Name (if agent is not a corporation) Maya	ull name and California stre	Last Name	State	Suffix Zip Code
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's fea. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	Middle Name Michele	Last Name	State CA	
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's fea. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	Middle Name Michele City (no abbreviations) Pittsburg	Last Name Morris		Zip Code
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's feat. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) Do not enter a P.O. Box 2204 Greenfield Dr CORPORATION Complete Item 3c. Only include the name of the res	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation	Last Name Morris		Zip Code
a. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 2204 Greenfield Dr	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation	Last Name Morris		Zip Code
individual Complete Items 3a and 3b only. Must include agent's feat. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) Do not enter a P.O. Box 2204 Greenfield Dr CORPORATION Complete Item 3c. Only include the name of the region. California Registered Corporate Agent's Name (if agent is a corporation) Do	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation	Last Name Morris		Zip Code
individual Complete Items 3a and 3b only. Must include agent's feat. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) Do not enter a P.O. Box 2204 Greenfield Dr CORPORATION Complete Item 3c. Only include the name of the region. California Registered Corporate Agent's Name (if agent is a corporation) Do 4. Management (Select only one box)	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation	Last Name Morris		Zip Code
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's feat. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) Do not enter a P.O. Box 2204 Greenfield Dr CORPORATION Complete Item 3c. Only include the name of the resc. California Registered Corporate Agent's Name (if agent is a corporation) Do 4. Management (Select only one box) The LLC will be managed by:	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation not complete Item 3a or 3b	Last Name Morris	CA	Zip Code 94565
INDIVIDUAL Complete Items 3a and 3b only. Must include agent's feat. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) Do not enter a P.O. Box 2204 Greenfield Dr CORPORATION Complete Item 3c. Only include the name of the resc. California Registered Corporate Agent's Name (if agent is a corporation) Do 4. Management (Select only one box) The LLC will be managed by:	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation	Last Name Morris	CA	Zip Code 94565
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INDIVIDUAL Complete Items 3a and 3b only. Must include agent's fea. California Agent's First Name (if agent is not a corporation) Maya b. Street Address (if agent is not a corporation) Do not enter a P.O. Box 2204 Greenfield Dr CORPORATION Complete Item 3c. Only include the name of the rec. California Registered Corporate Agent's Name (if agent is a corporation) Do 4. Management (Select only one box) The LLC will be managed by:	Middle Name Michele City (no abbreviations) Pittsburg gistered agent Corporation not complete Item 3a or 3b	Last Name Morris All LLC Me	CA mber(s	Zip Code 94565

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (All attachments

Maya Michele Morris

Print your name here

should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Organizer sign Here

California law to sign.