



202464714995

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**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.: 202464714995

Date Filed: 11/26/2024

Limited Liability Company Name	My Lileigh Pad Sensory Play, LLC
Initial Street Address of Principal Office of LLC Principal Address	4900 SHADOWFALLS DRIVE MARTINEZ, CA 94553
Initial Mailing Address of LLC Mailing Address	4900 SHADOWFALLS DRIVE MARTINEZ, CA 94553
Attention	
Agent for Service of Process Agent Name	jason bryan
Agent Address	4 CHARLTON CT SAN FRANCISCO, CA 94123
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	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>erin magallanes</i> Organizer Signature	<i>11/26/2024</i> Date