		. <u></u>					
	Secretary of State		LLC-1	For Office Use Only -FILED-			
	Articles of Organi Limited Liability Com				File No.: 202464413639 Date Filed: 10/28/2024		
Filing Fee - \$70	.00						
Certified Copy	Fee (Optional) - \$5.00						
	y have to pay minimum \$800 r. For more information, go to		nchise Tax				
				Thi	s Space For O	ffice Use Onl	
1. Limited Li	ability Company Name	(Must contain an LLC identifi	er such as LLC or L.L				
					-	•	
55 Julian L	LC						
2. Business A					· 1. ·	1 _ · · · · · · · · · · · · · · · · · · 	
•	Street Address of Principal Office - Do not enter a P.O. Box S Kipling Street		City (no appreviations)		State	Zip Code	
	793 Kipling Street		Palo Alto		CA	94306	
b. Initial Mailing Addr	ress of LLC, if different than item 2	a	City (no abbreviation	ons)	State	Zip Code	
	_					1	
	Process (Must provide eithe						
a. California Agent's First Name (if agent is not a corpora					lame Suffix		
		F					
b. Street Address (i	if agent is not a corporation) - Do	not enter a P.O. Box	City (no abbreviation	ıs)	State	Zip Code	
`	· ,				CA		
CORPORATI	ON - Complete Item 3c. Only i	nclude the name of the regis	tered agent Corporati	on.	Į ŲA	1, , .	
	ered Corporate Agent's Name (if a	_ _					
CorpNet In	corporated						
•					 	· · · · · · · · · · · · · · · · · · ·	
	ent (Select only one box)						
The LLC will be	e managed by:	, , ,			A1		
	One Manager	More than One	e Manager	LI All LL	C Member(s))	
5. Purpose S	tatement (Do not alter Pu	rpose Statement)					
The purpose of may be organized	of the limited liability com zed under the California F	pany is to engage in a Revised Uniform Limite	any lawful act or d Liability Compa	activity for v	vhich a limited	l liability con	
6. By signing, California la	I affirm under penalty of paw to sign.	perjury that the informa	tion herein is true	and correct	and that I am	authorized t	
Additional sign should be 8 1/2	natures set forth on attached page & 11 one sided, legible and cle	ges, if any, are incorporated arly marked as an attachme	herein by reference a nt to this Form LLC-1.	nd made part o	f this Form LLC-1	. (All attachmen	
	M		Robert \	/iola			
Organizer sign	here	Print your name here					