



202465016773



**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.: 202465016773

Date Filed: 12/24/2024

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Limited Liability Company Name	
Limited Liability Company Name	R6 Farms, LLC
Initial Street Address of Principal Office of LLC	
Principal Address	969 SPRING CREEK DRIVE RIPON, CA 95366
Initial Mailing Address of LLC	
Mailing Address	969 SPRING CREEK DRIVE RIPON, CA 95366
Attention	
Agent for Service of Process	
Agent Name	John Regusci
Agent Address	969 SPRING CREEK DRIVE RIPON, CA 95366
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	More than 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>John Regusci</i>	<i>12/24/2024</i>
Organizer Signature	Date



**Secretary of State**  
**Articles of Organization**  
**Limited Liability Company (LLC)**

**LLC-1**

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

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/>.

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

**R6 Farms, LLC**

**2. Business Addresses**

a. Initial Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
<b>969 Spring Creek Drive</b>	<b>Ripon</b>	<b>CA</b>	<b>95366</b>
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
<b>John</b>		<b>Regusci</b>	
b. Street Address (If agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
<b>969 Spring Creek Drive</b>	<b>Ripon</b>	<b>CA</b>	<b>95366</b>

**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:		
<input type="checkbox"/> One Manager	<input checked="" type="checkbox"/> More than One Manager	<input type="checkbox"/> 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.
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**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

John Regusci  
 Print your name here