Secretary of State Articles of Organization Limited Liability Company (LLC)	LLC-1	For Office Use			
			File No.: 202 Date Filed: 9	46391275	
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 S	·	eria a lla c	Out
1. Limited Liability Company Name (Must contain an LLC iden	tifier such as II C as I I C		ipace For O		Uniy
Sierra Vista AT, LLC 2. Business Addresses					
a. Initial Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations	s)	State	Zip Code	
5124 College Ave,	Riverside		CA	92505	
	City (no abbreviations	s)	Stale	Zip Code	
 b. Initial Mailing Address of LLC, if different than item 2a 3. Service of Process (Must provide either Individual OR Corporatio INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's fine 		reet address.			
3. Service of Process (Must provide either Individual OR Corporation		Last Name			Suffix
3. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's final California Agent's First Name (if agent is not a corporation) Maria b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	Middle Name Del Carmen City (no abbreviations)	Last Name Torres		Zip Coc	le
3. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's final California Agent's First Name (if agent is not a corporation) Varia b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 5124 College Ave.	Middle Name Del Carmen City (no abbreviations)	Torres	;	Zip Coc 9250	le
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3. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's file California Agent's First Name (if agent is not a corporation) Maria b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 5124 College Ave. CORPORATION – Complete Item 3c. Only include the name of the research.	Middle Name Del Carmen City (no abbreviations) Riverside gistered agent Corporation	Torres	State	'	le
3. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's final california Agent's First Name (if agent is not a corporation) Varia b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 5124 College Ave. CORPORATION – Complete Item 3c. Only include the name of the rect. 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 Del Carmen City (no abbreviations) Riverside gistered agent Corporation not complete Item 3a or 3b	Torres	State	9250	le
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(LLC-1 (REV 11/2023)

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