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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



File No.: 202464415301 Date Filed: 10/31/2024

Limited Liability Company Name Limited Liability Company Name	CARE FULLNESS LLC
Initial Street Address of Principal Office of LLC Principal Address	8230 MORSE AVE NORTH HOLLYWOOD, CA 91605
Initial Mailing Address of LLC Mailing Address Attention	8230 MORSE AVE NORTH HOLLYWOOD, CA 91605
Agent for Service of Process Agent Name Agent Address	JANEJIRA SAETANG 8230 MORSE AVE NORTH HOLLYWOOD, CA 91605
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 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.	
JANEJIRA SAETANG	10/31/2024
Organizer Signature	Date