



202566011534



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.: 202566011534 Date Filed: 2/25/2025

Limited Liability Company Name	Care Companions LLC
Initial Street Address of Principal Office of LLC	
Principal Address	1800 E AROMA DR
	APT 245
	WEST COVINA, CA 91791
Initial Mailing Address of LLC	
Mailing Address	1800 E AROMA DR
	APT 245
	WEST COVINA, CA 91791
Attention	
Agent for Service of Process	
Agent Name	Leofrank T Olarte II
Agent Address	1800 E AROMA DR
	APT 245
	WEST COVINA, CA 91791
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 Californ	nia Revised Uniform Limited Liability Company Act.
Management Structure	
•	More than One Manager
Management Structure The LLC will be managed by	More than One Manager
The LLC will be managed by Additional information and signatures set forth	More than One Manager on attached pages, if any, are incorporated herein by reference and
The LLC will be managed by	-
The LLC will be managed by Additional information and signatures set forth made part of this filing.	-
The LLC will be managed by Additional information and signatures set forth made part of this filing. Electronic Signature By signing, I affirm under penalty of perjury	-
The LLC will be managed by Additional information and signatures set forth made part of this filing. Electronic Signature	on attached pages, if any, are incorporated herein by reference and
Additional information and signatures set forth made part of this filing. Electronic Signature By signing, I affirm under penalty of perjury California law to sign.	on attached pages, if any, are incorporated herein by reference and
The LLC will be managed by Additional information and signatures set forth made part of this filing. Electronic Signature By signing, I affirm under penalty of perjury	n on attached pages, if any, are incorporated herein by reference and that the information herein is true and correct and that I am authorized by