



202463915372



**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.: 202463915372

Date Filed: 9/24/2024

B3064-7415 09/24/2024 12:44 PM Received by California Secretary of State

Limited Liability Company Name	SOCAL INJURY CLAIM SPECIALISTS LLC		
Initial Street Address of Principal Office of LLC	4590 MAC ARTHUR BLVD		
Principal Address	500 NEWPORT BEACH, CA 92660		
Initial Mailing Address of LLC	4590 MAC ARTHUR BLVD		
Mailing Address	500 NEWPORT BEACH, CA 92660		
Attention	GABRIELA GARCIA		
Agent for Service of Process	JANET ARELLANO		
Agent Name	301 W LA HABRA BLVD		
Agent Address	LA HABRA, CA 90631		
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	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.		
GABRIELA GARCIA	09/24/2024		
Organizer Signature	Date		