LLC-1

Articles of Organization of a Limited Liability Company (LLC)

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filling fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

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FILED
Secretary of State
State of California

OCT 1 4 2013

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		For question	s about this forn	n, go to www.s	sos.ca.gov/business/be/filing-	tips.htm.
LLC N	am	e				
(I)	N	MEADOW PASS ESTA	TES, LLC			
		Proposed LLC Name	The name must e	d. Liability Compa	L.L.C.," "Limited Liability Company, ny;" and may not include: "bank," "tr sourer," or "insurance company." www.sos.ca.gov/business/be/name-a	rust," "trustee," "incorporated," For general entity name
Purpo	se					
2	Th	ne purpose of the limite empany may be organize	d liability company ed under the Beve	/ is to engage rly-Killea Limit	in any lawful act or activity for ed Liability Company Act.	or which a limited liability
LLC A	ddı	resses				T
(3)	2	18217 GALE AVEN	UE, SUITE A		CITY OF INDUSTRY	CA 91748
•	a.	Initial Street Address of LL			City (no abbreviations)	State Zip
	b.	Initial Mailing Address of LL	C, if different from 3a		City (no abbreviations)	State Zip
		ass if the agent is a 1505 or JACK SU Agent's Name	porason.)	· · · · · · · · · · · · · · · · · · ·		
	h	18217 GALE AVEN	UE, SUITE A		CITY OF INDUSTRY	CA 91748
0.0	υ.	Agent's Street Address (if a	gent is not a corporati	on)	City (no abbreviations)	State Zip
Manag	em	ent (Check only one.)				
(5)	Th	e LLC will be managed	by:			
		One Manager	✓ More Than 0	One Manager	All Limited Liability Co	ompany Member(s)
This for paper (8	m n 3 1/2	nust be signed by each org	ranizer. If you need re made part of these	more space, attended articles of organistic	ach extra pages that are 1-sided nization.	and on standard letter-sized
Organizer Signyhere				Print your n	ame here	
Make ch	neck	/money order payable to: S	ecretary of State		By Mail	Drop-Off
Upon filing, we will return one (1) uncertified copy of your fil				ed 8	Secretary of State	Secretary of State *

Business Entities, P.O. Box 944228

Sacramento, CA 94244-2280

payment of a \$5 certification fee.

document for free, and will certify the copy upon request and

1500 11th Street, 3rd Floor

Sacramento, CA 95814



I hereby sertify that the foregoing transcript of ______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

OCT 1 5 2013

Date:_

Jehre Bowen

DEBRA BOWEN, Secretary of State