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

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: Refore submitting the completed form, you should consult with a

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Secretary of State State of California

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private attorney for advice about your specific business needs.			This Space For Office Use Only	
For questions ab	out this form, go to www.sos.ca.;	gov/business/be/filing-tip	os.htm.	
LLC Name (List the proposed LLC name	exactly as it is to appear on the records	of the California Secretary of	of State.)	
① RTmarketing Tech, LLC	•			
Proposed LLC Name	The name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.			
Purpose	regardine na ana restrictions, go to	www.oos.co.govibasiiioog/be/	, and a valid bility . Then	
	ility company is to engage in any der the California Revised Uniforn			
LLC Addresses				
③ a 800 W. El Camino Rea	③ a. 800 W. El Camino Real, Suite 180		CA 94040	
Initial Street Address of Designat	ed Office in CA - Do not list a P.O. Box	City (no abbreviations)	State Zip	
b. 800 W. El Camino Real, Suite 180		Mountain View	CA 94040	
Initial Mailing Address of LLC, if different from 3a		City (no abbreviations)	State Zip	
a. CT Corporation System Agent's Name	1			
b	s not a corporation) - Do not list a P.O. Bo		CA	
Agent's Street Address (if agent i	s not a corporation) - Do not list a P.O. Bo	x City (no abbreviations)	State Zip	
Management (Check only one.)	,			
5 The LLC will be managed by:				
✓ One Manager	More Than One Manager	All Limited Liability Co	mpany Member(s)	
This form must be signed by each organiz paper (8 1/2" x 11"). All-attachments are m	er. If you need more space, attach extended part of these articles of organization	tra pages that are 1-sided a n.	ind on standard letter-sized	
	Nathan E. Hagl	er, Esa.		
Organizer - Sign here	Print your name he		~	
Make check/money order payable to: Secret	•	Mail	Drop-Off	
Jpon filing, we will return one (1) uncertified locument for free, and will certify the copy up		ry of State s, P.O. Box 944228	Secretary of State 1500 11th Street., 3rd Floor	

Sacramento, CA 94244-2280

payment of a \$5 certification fee.

Sacramento, CA 95814