# ARTICLES OF ORGANIZATION

Corporation Division
sos.oregon.gov/business

**E-FILED**
May 27, 2026
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

257841990

**TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

**1. ENTITY NAME**

BLOOMWELL CARE LLC

**2. MAILING ADDRESS**

1640 RUSSET DR
EUGENE OR 97401 USA

**3. PRINCIPAL PLACE OF BUSINESS**

1640 RUSSET DR
EUGENE OR 97401 USA

**4. NAME & ADDRESS OF REGISTERED AGENT**

PAULA BLOOM

1640 RUSSET DR
EUGENE OR 97401 USA

**5. ORGANIZERS**

PAULA BLOOM

1640 RUSSET DR
EUGENE OR 97401 USA

**6. INDIVIDUALS WITH DIRECT KNOWLEDGE**

PAULA BLOOM

1640 RUSSET DR
EUGENE OR 97401 USA

**7. DURATION**

PERPETUAL

**8. MANAGEMENT**

This Limited Liability Company will be member-managed by one or more members

**9. PROFESSIONAL SERVICES**

OtherLicensedProfessionperORS58.015(5)

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

PAULA BLOOM

**TITLE**

ORGANIZER

**DATE**

05-26-2026