

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment
<input type="checkbox"/> Check box if an Amendment
04 / 24 / 2023
Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Organon LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Deanna Johnston	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (415) 903-2800	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: organon@politicomlaw.com				
LLC STREET ADDRESS: 30 Hudson Street	CITY: Jersey City	STATE: NJ	ZIP CODE: 07302	LLC MAILING ADDRESS (IF DIFFERENT): 28 Liberty Ship Way, Suite 2815	CITY: Sausalito	STATE: CA	ZIP CODE: 94965
NAME OF COMMITTEE: Organon LLC	COMMITTEE ID: 1446810	COMMITTEE PHONE NUMBER: (415) 903-2800	COMMITTEE EMAIL ADDRESS: organon@politicomlaw.com				
COMMITTEE STREET ADDRESS: 30 Hudson Street	CITY: Jersey City	STATE: NJ	ZIP CODE: 07302	COMMITTEE MAILING ADDRESS (IF DIFFERENT): 28 Liberty Ship Way, Suite 2815	CITY: Sausalito	STATE: CA	ZIP CODE: 94965

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Organon & Co.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 1, 2023
DATE

By 
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear






(Draft) Organon LLC CA Form 409

Final Audit Report

2023-05-01

Created:	2023-05-01
By:	Erin Lama (elama@politicomlaw.com)
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