YOUR RETURN MAILING ADDRESS

NAME: Felix Garcia ADDRESS: 10131 Lemona Ave. CITY: Mission Hills STATE: CA ZIP CODE: 91345

Dean G. Logan, Registrar - Recorder/County Clerk

Electronically signed by JOSEPH ISIP

EICTITIOUS RUSINESS NAME STATEMENT

	FICTIT	TOUS BUSIN	NESS NAME S AND FILING FEE (Check	SIAIEWENT		
Ociainala \$26.00 /FOR OR	IIGINAL FILING WITH ONE BUSINESS	NAME ON STATEMENT)				
			S PUBLICATION)	**** *** *****************************	NATIONALISE IN EXCESS OF ONE	OWNER
\$5.00- FOR EACH ADDITIONAL	GES IN THE FACTS FROM ORIGINAL I L BUSINESS NAME FILED ON SAMES	STATEMENT, DOING BUSIN	ESS AT THE SAME LOCATIO	N \$5.00- FOR EACH ADDITIO	THE OWNER OF THE PROPERTY OF T	
1	1 / 1	he following perso	n(s) is (are) doing b	ousiness as.		
* A DOV	Web F	141 A.	2			
1	/ 1	Print Fig	ctitious Business Name(s)			
** 03	ddress of principal place of business	N.C.	<u> </u>	Mailing address if different		
Mession L	J. J. (A 913	345 /	4	State	Zip	
City	State Zip	COUNTY	City	Les a son till		
Articles of Incorporation or Organical	ganization Number (if applicable): Af	#0N		Line Rodl b		
*** REGISTERED 0	WNER(S):					
1 Foliv	FACCIO		2.	LG (P.O, Box not accepted)		_
Full Name/Corp/LLC (P			Full Name/Corp.c	EG (F.O. Box not deep,		 9
Résidence Address	Lemona / F	212/15	Residence Addres	38		
M: SSio	n Hills CA	91395	City	Ste	ste Zip	
City	State	₹ Zip	120.43			_
16 Commention of LLC	- Print State of Incorporation/Organization	ation	If Corporation or	LLC - Print State of Incorpora	ition/Organization	
	- I Inti Ottore St. Marsh		4.			_
3.	(P.O. Box not accepted)		Full Name/Corp/I	LC (P.O. Box not accepted)		
FUIL (Value) Corp.cco (1.0,000.1101		Residence Addre	998		
Residence Address			Residence / idah		7:-	
City	State	Zip	City	St	ate Zip	
		N.	If Corporation or	LLC - Print State of Incorpor	alion/Organization	
If Corporation or LLC	- Print State of Incorporation/Organia	ZAKON		T SHOWING OWNER INFOR		
**** TUC DUCING	IF MORE THAN ESS IS CONDUCTED BY: ((Check one)				
on Individu	n a General	Partnership U	a Limited Partnership	o palimited Lia poration pal Tru	ability Company st	
an Unincor	rporated Association other	than a Partnership	a Corp cal Registered Dome		Limited Uability Partne	rship
and and and a	Causia m laint Venture	e u piate oi roi	cal Registered Donne	JOHO I GILLIA	R 11 1 8	
	strant commenced to transact					
	I declar	ire that all informa	tion in this stateme	nt is true and correct	ness and Professions	Code that
(A registrar	nt who declares as true a nt knows to be false is gu	uilty of a misdeme	anor punishable by	a fine not to exceed	d one thousand dollars	(\$1,000}).
the registra	III KIIOWO to av A	-		1/11/10/10		
REGISTRANT/CORP/LLC N	IAME (PRINT)			ITLE JWILLY		
	- Ilain	han IF	CORP OR LLC, PRIN	T NAME		
REGISTRANT SIGN		15110	also print title of c	officer or manager.		
If corporation, als	so print corporate title o	ES on the date indicated by	the filed stamp in the upper	right corner.	END OF FIVE YEARS FROM TH	HE DATE ON
MOTICE IN ACCORDAN	MULE MALLE SOBOLATOLON (a) or on	DDO	INCO IN CHEDIVISION (b) (IF SECTION 11320, WITCHE	OF A REGISTERED OWNER.	NY CHANGE
IN THE FACIS SET FOR	NAME CTATEMENT MUST BE FILE	IT TO SECTION 17913 OF D BEFORE THE EXPIRAT	ION. EFFECTIVE JANUAR	Y 1, 2014, THE FICTICIOUS	BUSINESS NAME STATEMENT	MUST BE
ACCOMPANIED BY THE	ATTIBATT OF IDE.		THE STATE OF A FICTITIO	US BUSINESS NAME IN VIC	LATION OF THE RIGHTS OF A	NOTHER
THE FILING OF THIS ST.	AFFIDAVIT OF IDENTITY FORM. ATEMENT DOES NOT OF ITSELF A TE, OR COMMON LAW (SEE SECTION) THAT THE CORPY IS A C	ON 14411 ET SEQ., BUSI	NESS AND PROFESSIONS	CODE).	OFFICE.	
UNDER FEDERAL, STAT	TE, OR COMMON LAW (SEE SECTION OF THAT THIS COPY IS A CONTROL OF THE THIS COPY IS A CO	ORRECT COPY OF	THE URIGINAL STATE	WIEN I SIN I SIN I	, Dept	
				1 /	, Dept	
DEAN G. LO	GAN, LOS ANGELES COUNT	TY CLERK	BY:	XII	EB ADDRESS: LAVOTE.NET	

This is a true and certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder/County Clark

OCT 0 4 2016

Deauc. Los ANGELES COUNTY, CALIFORNIA