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 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

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Secretary of State State of California

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private attorney for advice about your specific business needs.		This Spa	This Space For Office Use Only		
For questio	ns about this form, go to	www.sos.ca.gov/business/be/filing-	tips.htm.		
_C Name	-				
① Crane Business Man	agement LLC				
Proposed LLC Name	Liability Co." or "Ltd. Liabilit "inc.," "corporation," or "c	"LLC," "L.L.C.," "Limited Liability Company, y Company;" and may not include: "bank," "ticorp.," "insurer," or "insurance company." is, go to www.sos.ca.gov/business/be/name-a	rust,* "trustee," ' For gener	"incorporated," al entity name	
② The purpose of the limite		engage in any lawful act or activity for act	or which a l	imited liability	
.C Addresses					
3 a. 1541 Miramar Dr		Fullerton	CA	92831	
Initial Street Address of L.		City (no abbreviations)	State	Zip	
b	•				
Initial Mailing Address of I	LLC, if different from 3a	City (no abbreviations)	State	Zip	
Agent's Name b.			CA		
Agent's Street Address (if	agent is not a corporation)	City (no abbreviations)		<u></u>	
anagement (Check only one.)					
5 The LLC will be manage	d b <u>y:</u>				
One Manager	More Than One Ma	anager	ompany Me	ember(s)	
nis form must be signed by each caper (8 1/2" x 11"). All attachments		space, attach extra pages that are 1-sided s of organization.	and on stand	dard letter-sized	
. Cunan Suu	Cur	rtis Sweltz			
Organizer - Sign here	Pri	int your name here			
ake check/money order payable to:	Secretary of State	By Mail	Di	rop-Off	
lpon filing, we will return one (1) und ocument for free, and will certify the ayment of a \$5 certification fee.		Secretary of State Business Entities, P.O. Box 944228 Sacramento, CA 94244-2280	1500 11th \$	ary of State Street., 3rd Floor nto, CA 95814	