



202464316758



California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: 202464316758 Date Filed: 10/24/2024

Limited Liability Company Name	New Century Property 17 LLC
Initial Street Address of Principal Office of LLC	
Principal Address	2202-2208 MICHIGAN AVENUE LOS ANGELES, CA 90033
Initial Mailing Address of LLC	
Mailing Address	100 WEST BROADWAY SUITE 350 LONG BEACH, CA 90802
Attention	
Agent for Service of Process	
Agent Name	Joseph Hebish
Agent Address	100 WEST BROADWAY
	SUITE 350 LONG BEACH, CA 90802
Purnose Statement	
	s to engage in any lawful act or activity for which a limited liability rnia Revised Uniform Limited Liability Company Act.
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The purpose of the limited liability company is company may be organized under the Califor Management Structure The LLC will be managed by Additional information and signatures set fort made part of this filing. Electronic Signature By Signing, I affirm under penalty of perjury	One Manager th on attached pages, if any, are incorporated herein by reference and

	Secretary of State Articles of Organization Limited Liability Company (LLC)
Cat Forms	

LLC-1

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

This Space For Office Use Only

1. Limited Liability Company Name (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

New Century Property 17 LLC

2. Business Addresses

a. Initial Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2202-2208 Michigan Ave.	Los Angeles	CA	90033
b. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations)	State	Zip Code
100 West Broadway, Suite 350	Long Beach	CA	90802

3. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix	_ 5
Joseph		Hebish				(
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	•	State	Zip Cod	de	(
100 West Broadway, Suite 350	Long Beach		CA	908	802	L C

CORPORATION - Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b			

4. Management (Select **only** one box)

The LLC will be managed by:			
One Manager	More than One Manager	All LLC Member(s)	

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (All attachments should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Signed by:

	Joseph Hebish	
0	rganizer sign here	

Joseph Hebish

Print your name here