Secretary of State Statement of Information (Limited Liability Company)		LLC-12	21-D21		776			
			FILED					
IMPORTANT — Read instructions before completing this form.			In the office of the Secretary of State of the State of California					
Filing Fee – \$20.00			JUN 29, 2021					
Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees			This Space For Office Use Only					
1. Limited Liability Company Name (Enter the exact name of the	e LLC. If you	registered in Califor				Jilly		
YSTRDYS NWS LLC								
2. 12-Digit Secretary of State File Number	3. State,	Foreign Countr	y or Place of	of Organization (only if for	med out	side of C	California)	
201916110681	CALIF	FORNIA						
4. Business Addresses	I							
a. Street Address of Principal Office - Do not list a P.O. Box		City (no abbreviat	ions)		State	Zip Code		
6556 Colgate b. Mailing Address of LLC, if different than item 4a		Los Angeles City (no abbreviat	ione)		CA State	90048		
6556 Colgate		Los Angeles	10115)		CA	Zip Code 90048		
c. Street Address of California Office, if Item 4a is not in California - Do not lis $6556\ Colgate$	t a P.O. Box	City (no abbreviations) Los Angeles			State CA	Zip Code 90048		
 Manager(s) or Member(s) If no managers have been apportion must be listed. If the manager/must be listed. If the manager be listed. If the manager/must be listed. If the manager/must be listed. If the manager/must be listed. If the manager be listed. If the manager be listed at the manager be listed. If the manager be listed at the manager be	ember is an i 5c (leave Iter	ndividual, complete m 5a blank). Note:	Items 5a and The LLC car	I 5c (leave Item 5b blank). I nnot serve as its own manag	f the ma	inager/m	nember is	
a. First Name, if an individual - Do not complete Item 5b $Raffi$	a. First Name, if an individual - Do not complete Item 5b		Middle Name Last Name Ajemian				Suffix	
b. Entity Name - Do not complete Item 5a								
c. Address 1050 1/2 S Ogden Drive					State CA	Zip Code 90019		
6. Service of Process (Must provide either Individual OR Corporati	,							
a. California Agent's First Name (if agent is not a corporation) Makar						Suffix		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 5842 Friends Ave	b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		itions)		State Zip C CA 90			
CORPORATION – Complete Item 6c only. Only include the name of	of the register	ed agent Corporation	on.		04			
c. California Registered Corporate Agent's Name (if agent is a corporation) – D	Do not complet	e Item 6a or 6b						
7. Type of Business								
a. Describe the type of business or services of the Limited Liability Company Clothing & Apparel								
8. Chief Executive Officer, if elected or appointed								
a. First Name		Middle Name		Last Name			Suffix	
b. Address		City (no abbreviat	ions)		State Zip C		ode	
9. The Information contained herein, including any attachm	nents, is tru	le and correct.				I		
06/29/2021 Raffi Ajemian		Co-Owner						
Date Type or Print Name of Person Completing th	he Form		Title	Signature				
Return Address (Optional) (For communication from the Secretary of					ment ent	ter the n	ame of a	
person or company and the mailing address. This information will become	public when f	IIEd. SEE INSTRU(CTIONS BEF	DRE COMPLETING.)				
Name:								
Company:								
Address:								
City/State/Zip:		Ţ						

Attachment to Statement of Information (Limited Liability Company)	LLC-12A Attachment	21-D21776		
A. Limited Liability Company Name				
YSTRDYS NWS LLC				
		This Space For Office Use Only		
B. 12-Digit Secretary of State File Number	C. State or Place of Organization (only if formed outside of California)			
201916110681	CALIFORNIA			

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Kevin	Middle Name	Last Name Castillo			Suffix			
Entity Name	•							
Address 5364 Packard Street	City (no abbreviations) Los Angeles		State CA	Zip (9001	Code 19			
First Name Jesus	Middle Name	Last Name Rangel			Suffix			
Entity Name								
Address 5364 Packard Street	City (no abbreviations) Los Angeles		State CA	Zip Code 90019				
First Name	Middle Name	Last Name			Suffix			
Entity Name	I							
Address	City (no abbreviations)		State	Zip Code				
First Name	Middle Name	Last Name			Suffix			
Entity Name	I							
Address	City (no abbreviations) State Zip		Zip (p Code				
First Name	Middle Name	e Last Name			Suffix			
Entity Name								
Address	City (no abbreviations) S		State	Zip (Code			
First Name	Middle Name	Last Name			Suffix			
Entity Name	1	L						
Address	City (no abbreviations) State Zi		Zip (Zip Code				
First Name	Middle Name Last Name			Suffix				
Entity Name								
Address	City (no abbreviations) State		State	Zip Code				