| Secretary of State Statement of Information (Limited Liability Company) | | LC-12 | 19-B15847 | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|----------------------|
| | | | 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 | | | | | | |
| | | | MAR 21, 2019 | | | |
| Copy Fees – First page \$1.00; each attachment page \$0 Certification Fee - \$5.00 plus copy fees | | This Space For Office Use Only | | | | |
| 1. Limited Liability Company Name (Enter the exact name of the | LLC. If you r | egistered in Califor | | | ,, | |
| REAL NICE PRODUCTS LLC | | | | | | |
| 2. 12-Digit Secretary of State File Number | | - | y or Place of Organization (only if fo | rmed out | side of C | California) |
| 201834810195 | CALIFO | ORNIA | | | | |
| 4. Business Addresses a. Street Address of Principal Office - Do not list a P.O. Box | | | | | 7.0 | <u> </u> |
| a. Street Address of Principal Office - Do not list a P.O. Box 11516 Rancho Del Valle | | City (no abbreviations) Granada Hills | | State CA | | |
| . Mailing Address of LLC, if different than item 4a 1516 Rancho Del Valle | | City (no abbreviations) Granada Hills | | State CA | Zip Code 91344 | |
| c. Street Address of California Office, if Item 4a is not in California - Do not list 11516 Rancho Del Valle | a P.O. Box | ^{City} (no abbreviations) Granada Hills | | | te Zip Code A 91344 | |
| 5. Manager(s) or Member(s) If no managers have been appoind the must be listed. If the manager/mean entity, complete Items 5b and the manager is the manager is | ember is an in 5c (leave Iten | idividual, complete n 5a blank). Note: | me and address of each member . At lea: Items 5a and 5c (leave Item 5b blank). The LLC cannot serve as its own manag ses on Form LLC-12A (see instructions). | st one na If the ma | ame <u>and</u> inager/m | address nember is |
| a. First Name, if an individual - Do not complete Item 5b James | a. First Name, if an individual - Do not complete Item 5b | | Middle Name Last Name LaRocco | | | Suffix |
| b. Entity Name - Do not complete Item 5a | | 1 | | | | |
| c. Address 11516 Rancho Del Valle | | City (no abbreviations)StateZip CoGranada HillsCA9134 | | | | |
| 6. Service of Process (Must provide either Individual OR Corporation | on.) | • | | | | |
| INDIVIDUAL – Complete Items 6a and 6b only. Must include agent | 's full name ar | 1 | | | | Suffix |
| a. California Agent's First Name (if agent is not a corporation) | | Middle Name | Last Name | | | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | | City (no abbreviations) | | State Zip Code | | de |
| CORPORATION – Complete Item 6c only. Only include the name of | of the registere | ed agent Corporation | on. | | | |
| c. California Registered Corporate Agent's Name (if agent is a corporation) – D LEGALCORP SOLUTIONS, INC (C389344) | | e Item 6a or 6b | | | | |
| 7. Type of Business | , | | | | | |
| a. Describe the type of business or services of the Limited Liability Company Internet Sales | | | | | | |
| 8. Chief Executive Officer, if elected or appointed | | | | | | |
| a. First Name | | Middle Name | Last Name | | | Suffix |
| b. Address | | City (no abbreviat | ions) | State | Zip Co | de |
| 9. The Information contained herein, including any attachm | ents, is tru | e and correct. | | | | |
| 03/21/2019 James R LaRocco | | r | Member | | | |
| Date Type or Print Name of Person Completing th Return Address (Optional) (For communication from the Secretary o person or company and the mailing address. This information will become p Name: | of State relate | d to this document | | | er the n | ame of a |
| Company: | | | | | | |
| Address: | | | | | | |
| City/State/Zip: | | Ţ | | | | |

| Attachment to Statement of Information (Limited Liability Company) | LLC-12A Attachment | 19-B15847 | | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|--|--|
| A. Limited Liability Company Name | | | | |
| REAL NICE PRODUCTS 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) | | | |
| 201834810195 | 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 Maria | Middle Name Helena | Last Name LaRocco | | | Suffix | | | |
|-----------------------------------|------------------------------------------|----------------------|-------------|---------------|------------|--|--|--|
| Entity Name | | | | | | | | |
| Address 11516 Rancho Del Valle | City (no abbreviations) Granada Hills | | State CA | Zip (9134 | Code 14 | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | I | | | | | | | |
| Address | City (no abbreviations) State | | Zip (| Zip Code | | | | |
| First Name | Middle Name | Last Name | • | | Suffix | | | |
| Entity Name | 1 | | | | | | | |
| Address | City (no abbreviations) | | State | Zip (| Code | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | 1 | L | | | | | | |
| Address | City (no abbreviations) State Zig | | Zip (| ïp Code | | | | |
| First Name | Middle Name Last Name | | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) Sta | | State | Zip Code | | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | 1 | | | | | | | |
| Address | City (no abbreviations) State Zi | | Zip (| Zip Code | | | | |
| First Name | Middle Name | Last Name | | | Suffix | | | |
| Entity Name | | | | | | | | |
| Address | City (no abbreviations) State | | Zip Code | | | | | |