

LLC-12

22-A00360

FILED

In the office of the Secretary of State of the State of California

JAN 01, 2022

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, <u>see instructions</u>.)

BOSS UP PRODUCTIONS L.L.C.

2. 12-Digit Secretary of State Entity Number

3. State, Foreign Country or Place of Organization (only if formed outside of California)

CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
5718 CAMELLIA AVE, # 206	North Hollywood	CA	91601
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
5718 CAMELLIA AVE, # 206	North Hollywood	CA	91601
c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
5718 CAMELLIA AVE, # 206	North Hollywood	CA	91601

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	Last Name			Suffix
Devan	Renee	Prescott			
b. Entity Name - Do not complete Item 5a					
c. Address	City (no abbrev	riations)	State	State Zip Coo	
5718 CAMELLIA AVE, #206	North Hollywoo	North Hollywood CA 91		91601	

INDIVIDUAL - Complete Items 6a and 6b only. Must incl	ude ag	ent's full name ar	nd California	a street a	ddress.					
a. California Agent's First Name (if agent is not a corporation)	Middl	e Name	ame Last Name			Suffix				
Devan	Rene	е	Prescott							
b. Street Address (if agent is not a corporation) - Do not enter P.O. Box	o. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)		Zip Co	ode				
5718 CAMELLIA AVE, # 206	5718 CAMELLIA AVE, # 206		North Hollywood		91601	91601				
CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.										
c. California Registered Corporate Agent's Name (if agent is a	corpora	tion) – Do not co	mplete Item	6a or 6b)					
7. Type of Business										
Describe the type of business or services of the Limited Liability Production Company	/ Comp	any								
8. Chief Executive Officer, if elected or appointed										
a. First Name		dle Name Last Name		Э		Suffix				
Devan	Rene	ee Prescott				devar				
b. Address		City (no abbrev	iations)	State	Zip Co	ode				
5718 CAMELLIA AVE, # 206		North Hollywood		CA	91601					
9. Labor Judgment					•					
Does a Manager or Member have an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code?] No				
10. By signing, I affirm under penalty of perjury that the in authorized by California law to sign.	nforma	tion herein is tr	ue and cori	rect and	I that I a	am				
01/01/2022 Devan Prescott		CEO								
Date Type or Print Name		Title	Sig	ignature						

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