





STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

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

For Office Use Only

-FILED-

File No.: BA20241627933 Date Filed: 9/10/2024

| Entity | Details | | | | |
|-------------------------------------|--|-----------------|---|--|--|
| Corporation Name | | | GP Party Planning | | |
| Entity No. | | | 6374144 | | |
| Formed In | | | CALIFORNIA | | |
| Stree | t Address of Principal Office of Corpora | ation | | | |
| Principal Address | | | 5115 COLLET AVE | | |
| | | | ENCINO, CA 91436 | | |
| Mailin | ng Address of Corporation | | | | |
| Mailing Address | | | 5115 COLLET AVE | | |
| | | | ENCINO, CA 91436 | | |
| Att | ention | | | | |
| Stree | t Address of California Office of Corpor | ration | | | |
| Street Address of California Office | | | None | | |
| Office | ers | | | | |
| | Officer Name | Officer Address | Position(s) | | |
| | GEVORG POGHOSYAN | 5115 COLLET AVE | Chief Executive Officer, Chief Financial Officer, Secretary | | |

| Officer Name | Officer Address | Position | Stated Position | | | |
|--------------|-----------------|----------|-----------------|--|--|--|
| None Entered | | | | | | |

Directors

| Director Name | Director Address |
|--------------------|-------------------------------------|
| + GEVORG POGHOSYAN | 5115 COLLET AVE ENCINO, CA 91436 |

The number of vacancies on Board of Directors is: 0

Agent for Service of Process

Agent Name **GEVORG POGHOSYAN** Agent Address 5115 COLLET AVE

ENCINO, CA 91436

ENCINO, CA 91436

Type of Business

Type of Business PARTY PLANNING

Email Notifications

Opt-in Email Notifications No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.

Labor Judgment

No Officer or Director of this Corporation has 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.

| Electronic Signature | | | | | |
|--|------------|--|--|--|--|
| By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. | | | | | |
| GEVORG POGHOSYAN | 09/10/2024 | | | | |
| Signature | Date | | | | |