



Secretary of State

LLC-5

**Application to Register a Foreign Limited Liability Company (LLC)**

202118810049

202118810049

Added For Imaging  
07-13-2021 SV

**FILED**

Secretary of State  
State of California

**JUL -6 2021**

HKK  
MVA

**IMPORTANT — Read Instructions before completing this form.**

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

**Filing Fee** - \$70.00

**Copy Fees** - First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$5.00

**Note:** Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to [www.ftb.ca.gov](http://www.ftb.ca.gov).

IPC

This Space For Office Use Only

**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

QUEENS 18 LLC

**1b. California Alternate Name, if Required** (See Instructions – Only enter an alternate name if the LLC name in 1a not available in California.)

**2. LLC History** (See Instructions – Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

**a. Date LLC was formed in home jurisdiction** (MM/DD/YYYY)

12 / 18 / 2018

**b. Jurisdiction** (State, foreign country or place where this LLC is formed.)

NEVADA

**c. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

**3. Business Addresses** (Enter the **complete** business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

**a. Street Address of Principal Executive Office - Do not enter a P.O. Box**

9825 WINTER PALACE DR

City (no abbreviations)

LAS VEGAS

State

NV

Zip Code

89145

**b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box**

City (no abbreviations)

State

CA

Zip Code

**c. Mailing Address of Principal Executive Office, if different than item 3a**

City (no abbreviations)

State

Zip Code

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

**INDIVIDUAL** – Complete Items 4a and 4b only. Must include agent's full name and California street address.

**a. California Agent's First Name** (if agent is **not** a corporation)

KHOSROW

Middle Name

K

Last Name

FARZAN

Suffix

**b. Street Address** (if agent is **not** a corporation) - **Do not enter a P.O. Box**

2001 WILSHIRE BLVD. STE. 270

City (no abbreviations)

SANTA MONICA

State

CA

Zip Code

90403

**CORPORATION** – Complete Item 4c only. 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 4a or 4b

**5. Read and Sign Below** (See Instructions. Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

*Annette Gal*

Signature

ANNETTE GAL

Type or Print Name

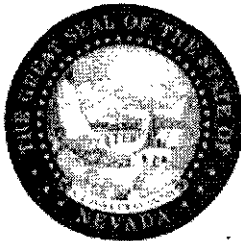
# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **QUEENS 18, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/18/2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/15/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202104151595641

You may verify this certificate  
online at <http://www.nvsos.gov>

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