

BA20241583836

For Office Use Only



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| | 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 O -FILED File No.: BA2024158383 Date Filed: 9/3/2024 | |
| Entity Details Corporation Nam | le | | | JLAFARM, INC. | | |
| Entity No. Formed In | | | | 6355597 CALIFORNIA | | |
| Street Address of Principal Office of Corporation Principal Address | | | | 2443 CALLE LINARES STREET SANTA BARBARA, CA 93109 | | |
| Mailing Address of Corporation Mailing Address Attention | | | | 2443 CALLE LINARES STREET SANTA BARBARA, CA 93109 | | |
| Street Address of California Office of Corporation Street Address of California Office | | | | 2443 CALLE LINARES STREET SANTA BARBARA, CA 93109 | | |
| Officers | | _ | | | | |
| Officer | r Name Officer Address | | | Position(s) | | |
| CARLOS M/ FLORES | CARLOS MANUEL 2443 CALLE LINARES FLORES STREET SANTA BARBARA, CAS | | 109 | Chief Executive Officer, Chief Financial Officer, Secretary | | |
| Additional Officers | | | | | | |
| Officer N | Name | Officer Address | | Position | Stated Position | |
| | | | e Entere | Entered | | |
| | | | | | | |
| Directors | | | | | | |
| Director Name | | | | Director Address | | |
| + CARLOS MANUEL FLORES | | | | 2443 CALLE LINARES STREET SANTA BARBARA, CA 93109 | | |
| The number of va | acancies on Boa | urd of Directors is: 2 | | | | |

E LINARES STREET RBARA, CA 93109 Agent for Service of Process Agent Name CARLOS MANUEL FLORES 2443 CALLE LINARES STREET Agent Address SANTA BARBARA, CA 93109 Type of Business Type of Business PACKAGING OSALE OF FRESH FRUIT **Email Notifications Opt-in Email Notifications** Yes, I opt-in to receive entity notifications via email. 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.

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Electronic Signature

By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.

CARLOS MANUEL FLORES

09/03/2024

Date

Signature