Secretary of S	tate	LLC	C-12	22-B57555				
Statement of Information (Limited Liability Company)		FILED In the office of the Secretary of State of the State of California						
						Read instructions before compl Filing Fee - \$20.00	leting this form.	
Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees			This Space For Office Use Only					
1. Limited Liability Company I alternate name, see instructions		i ct nam	e of the	e LLC. If you rec	gistered in Ca	alifornia	using ar	า
EMPIRE DISTRIBUTION LLC								
2. 12-Digit Secretary of State B	Entity Number			oreign Countr outside of Califo		of Orga	anizatio	on (only
202008710514		CALI	FORNI	A				
4. Business Addresses								
a. Street Address of Principal Office	e - Do not list a P.O. I	Box		City (no abbrev	viations)	State	Zip Co	ode
614 E Verdugo Ave, Apt 215		Burbank CA 915		91501	91501			
b. Mailing Address of LLC, if different than item 4a 3400 COTTAGE WAY, STE G2 #2028			City (no abbreviations) Sacramento		State CA	Zip Co 95825	ode	
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 Co	ode	
614 E Verdugo Ave, Apt 215		Burbank		CA	91501			
5. Manager(s) or Member(s)	If no managers ha each member. At l manager/member If the manager/me and address(es) o	least on is an in mber is	e name dividua an ade	e and address m I, complete Item ditional manager	ust be listed s 5a and 5c	. If the (leave It	em 5b b	olank).
a. First Name, if an individual - Do not complete Item 5b Middl		le Name Last Name		е		Suffix		
Argin			Sarkisian					
b. Entity Name - Do not complete It	em 5a		1		1			<u> </u>
c. Address				City (no abbrev	viations)	State	Zip Co	ode
614 E Verdugo Ave Unit 215		Burbank		1	91501			

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

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middl	e Name	Last Name	;		Suffix
 b. Street Address (if agent is not a corporation) - Do not enter P.O. Box 	a	City (no abbrevi	iations)	State CA	Zip Co	ode

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 corporation) – Do not complete Item 6a or 6b	
LEGALINC REGISTERED AGENTS, INC. (C4249296)	

7. Type of Business

Describe the type of business or services of the Limited Liability Company	
Ecommerce	

8. Chief Executive Officer, if elected or appointed

a. First Name Argin	Middl	e Name	Last Name Sarkisian	9		Suffix
b. Address		City (no abbrevi	iations)	State	Zip Co	de
614 E Verdugo Ave Unit 215		Burbank		CA	9150 ⁻	1

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?	☐ Yes	₽ No
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10. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

03/11/2022	Argin Sarkisian	Managing member		
Date	Type or Print Name	Title	Signature	