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LLC-5

File No.: 202464212890

Date Filed: 10/11/2024

For Office Use Only

-FILED-

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

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$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 t https://www.ftb.ca.gov/ .	o	This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Good Standin	g.)			
ASL LA VERNE, LLC	-11-11-11-11	, 			
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LLC name in 1	a not available in C	alifornia.)		
2. 11.0 hadration (Court bash in the late of the state of	One of Canada Chandina				
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing.	<u>, </u>			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
DELAV	VARE				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busing	ess in the state, foreign	country or place	e entere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b cannot be a P	O. Box or "in care o	f" an indi	vidual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
1156 N. MOUNTAIN AVENUE	UPŁAND		CA	91786	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
P.O. BOX 670	UPLAND	AND		91785	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	reviations)		Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)			<u> </u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and California street a	ddress.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	ns) State		Zip Coo	 de

5. Read and Sign Below (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.

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

LEWIS MANAGEMENT CORP.

Jean-Jacques Dupré

Type or Print Name

Signature LLC-5 (REV 06/2023) CA

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASL LA VERNE, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASL LA VERNE, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 204608094

Date: 10-10-24