



BA20241752513



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.: BA20241752513

Date Filed: 10/1/2024

B3081-7528 10/01/2024 8:55 AM Received by California Secretary of State

Entity Details			
Corporation Name	ASL Farm Management Inc		
Entity No.	6405738		
Formed In	CALIFORNIA		
Street Address of Principal Office of Corporation			
Principal Address	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
Mailing Address of Corporation			
Mailing Address	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
Attention			
Street Address of California Office of Corporation			
Street Address of California Office	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
Officers			
Officer Name	Officer Address	Position(s)	
+ ALVARO VILICANA	25594 E LINCOLN AVE ORANGE COVE, CA 93646	Chief Executive Officer	
+ CRISTOVAL VILICANA	25594 E LINCOLN AVE ORANGE COVE, CA 93646	Chief Financial Officer	
+ LIZANDRO MARTINEZ MORA	25594 E LINCOLN AVE ORANGE COVE, CA 93646	Secretary	
Additional Officers			
Officer Name	Officer Address	Position	Stated Position
None Entered			
Directors			
Director Name	Director Address		
+ ALVARO VILICANA	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
+ CRISTOVAL VILICANA	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
+ LIZANDRO MARTINEZ MORA	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
The number of vacancies on Board of Directors is: 0			
Agent for Service of Process			
Agent Name	ALVARO VILICANA		
Agent Address	25594 E LINCOLN AVE ORANGE COVE, CA 93646		
Type of Business			

Type of Business	FARM MANANGEMENT
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 <input checked="" type="checkbox"/> By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign. <div><div>ALVARO VILLICANA</div><div>Signature</div></div> <div><div>10/01/2024</div><div>Date</div></div>	