

16-497665



**Secretary of State
Statement of Information
(Limited Liability Company)**

2 **LLC-12**

FILED
Secretary of State
State of California
NOV 14 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

**Copy Fees — Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00**

26/20/CC
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1. Limited Liability Company Name Voleon Financial Strategies, LLC	
2. 12-Digit Secretary of State File Number 201431110053	3. State or Place of Organization (only if formed outside of California) Delaware

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1900 Powell St STE 600	City (no abbreviations) Emeryville	State CA	Zip Code 94608
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s) If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Michael	Middle Name	Last Name Kharitonov	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 6 Sunset Terrace	City (no abbreviations) Kensington	State CA	Zip Code 94707

6. Agent for Service of Process Item 6a and 6b: If the agent is an **individual**, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

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 list a P.O. Box	City (no abbreviations)	State CA	Zip Code
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b Corporation Service Company which will do business in CA as CSC - Lawyers Incorporating Service			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company IP Holding Company

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. The Information contained herein, including any attachments, is true and correct.

11/2/2016
Date

Stacy Tumarkin

Type or Print Name of Person Completing the Form

TREASURER
Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []
Company: Voleon Financial Strategies, LLC
Address: 2170 Dwight Way
City/State/Zip: [Berkeley, CA 94704]