| Secretary of State   | L                                | LC-12  | 21-F35254  |  |
|--|----------------------------------|--|--|--|
| (Limited Liability Company)  |                                  |  | FILED  |  |
| IMPORTANT — Read instructions before completing this form.   |                                  | In the office of the Secretary of State of the State of California |  |  |
| Filing Fee – \$20.00   |                                  |  |  |  |
| <b>Copy Fees –</b> First page \$1.00; each attachment page \$0.50;<br>Certification Fee - \$5.00 plus copy fees            |                                  |  | OCT 16, 2021   |  |
|  |                                  |  |  |  |
| 1. Limited Liability Company Name (Enter the exact name of the   | LLC. If you r                    | egistered in Califor   | This Space For Office Use Only   |  |
| LOVE AMY SKIN LLC  |                                  | - 3  | ······································   |  |
| 2. 12-Digit Secretary of State File Number   | 3. State,                        | Foreign Countr   | y or Place of Organization (only if formed outside of California   |  |
| 202116111328   | CALIF                            | ORNIA  |  |  |
| 4. Business Addresses  |                                  |  |  |  |
| a. Street Address of Principal Office - Do not list a P.O. Box   |                                  | City (no abbreviat   |  |  |
| 43605 LITTLE RIVER AIRPORT RD<br>b. Mailing Address of LLC, if different than item 4a                                      |                                  | Little River CA 95456   City (no abbreviations) State Zip Code     |  |  |
| 43605 LITTLE RIVER AIRPORT RD  |                                  | Little River CA 95456  |  |  |
| c. Street Address of <b>California</b> Office, if Item 4a is not in California - Do not list 43605 LITTLE RIVER AIRPORT RD | t a P.O. Box                     | City (no abbreviations)StateZip CodeLittle RiverCA95456            |  |  |
| 5. Manager(s) or Member(s) must be listed. If the manager/me an entity, complete Items 5b and                              | ember is an ir<br>5c (leave Iter | ndividual, complete<br>n 5a blank). Note:                          | me and address of each <b>member</b> . At least one name <u>and</u> addres<br>Items 5a and 5c (leave Item 5b blank). If the manager/member i<br>The LLC cannot serve as its own manager or member. If the LLC<br>ses on Form LLC-12A (see instructions). |  |
| a. First Name, if an individual - Do not complete Item 5b<br>Amy   |                                  | Middle Name  | Last Name Suffix   |  |
| b. Entity Name - Do not complete Item 5a   |                                  |  | · · · ·  |  |
| c. Address<br>43605 LITTLE RIVER AIRPORT RD  |                                  | City (no abbreviat   | tions) State Zip Code CA 95456   |  |
| 6. Service of Process (Must provide either Individual OR Corporation   | on.)                             |  |  |  |
| INDIVIDUAL – Complete Items 6a and 6b only. Must include agent   | 's full name a                   | nd California street   | address.   |  |
| a. California Agent's First Name (if agent is <b>not</b> a corporation) Amy  |                                  | Middle Name  | Last Name Suffix   |  |
| b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b><br>43605 little river airport rd |                                  | City (no abbreviat<br>Little River                                 | tions) State Zip Code<br>CA 95456  |  |
| CORPORATION - Complete Item 6c only. Only include the name of  |                                  |  | on.  |  |
| c. California Registered Corporate Agent's Name (if agent is a corporation) – D  | o not complete                   | e Item 6a or 6b  |  |  |
|  |                                  |  |  |  |
| 7. Type of Business<br>a. Describe the type of business or services of the Limited Liability Company                       |                                  |  |  |  |
| skincare products and education  |                                  |  |  |  |
| 8. Chief Executive Officer, if elected or appointed  |                                  |  |  |  |
| a. First Name  |                                  | Middle Name  | Last Name Suffix   |  |
| b. Address   |                                  | City (no abbreviat   | tions) State Zip Code  |  |
| 9. The Information contained herein, including any attachm   | ents, is tru                     | e and correct.   |  |  |
| 10/16/2021 Amy Wall  |                                  | C  | owner  |  |
| Date Type or Print Name of Person Completing th  | ne Form                          |  | Title Signature  |  |
| Return Address (Optional) (For communication from the Secretary o  | of State relate                  |  | , 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 p  | public when fi                   | led. SEE INSTRU(   | CTIONS BEFORE COMPLETING.)   |  |
| Name:  |                                  | I  |  |  |
| Company:   |                                  |  |  |  |
| Address:   |                                  |  |  |  |
| City/State/Zip:  |                                  | Ţ  |  |  |