

**LLC-12** 

21-D87573

## **FILED**

In the office of the Secretary of State of the State of California

JUL 30, 2021

 $\label{local_local_local_local} \textbf{IMPORTANT} \ - \ \text{Read instructions before completing this form.}$ 

Filing Fee - \$20.00

**Copy Fees** – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

Certification Fee - \$5.00 plus copy fees			This Space For Office Use Only					
1. Limited Liability Company Name (Enter the exact name	ne of the LLC. If you r	egistered in Californ	nia using an a	Iternate name, see instruction	ons.)			
LAZARO SYSTEMS LLC								
2. 12-Digit Secretary of State File Number 3.		State, Foreign Country or Place of Organization (only if formed outside of California)						
202119610301	CALIF	CALIFORNIA						
4. Business Addresses	·							
a. Street Address of Principal Office - Do not list a P.O. Box 13881 Tustin East Drive # 59		City (no abbreviations) Tustin			State	'		
b. Mailing Address of LLC, if different than item 4a		City (no abbreviations)			State	Zip Code		
13881 Tustin East Drive # 59		Tustin			CA	92780		
c. Street Address of California Office, if Item 4a is not in California - D 13881 Tustin East Drive # 59	o not list a P.O. Box	City (no abbreviations) Tustin			State	Zip Code		
	on annainted or cloat	ed, provide the name and address of each member. A			CA	92780		
5. Manager(s) or Member(s) must be listed. If the man an entity, complete Items	ager/member is an in 5b and 5c (leave Iter	ndividual, complete m 5a blank). Note:	Items 5a and The LLC can	ss of each <b>member</b> . At least 5c (leave Item 5b blank). not serve as its own manag LC-12A (see instructions).	If the ma	nager/n	nember is	
a. First Name, if an individual - Do not complete Item 5b  Jorge		Middle Name  C  Last Name  Lazaro					Suffix	
b. Entity Name - Do not complete Item 5a		1						
c. Address		City (no abbreviati	one)		State	Zin C	ode	
13881 Tustin East Drive # 59		Tustin				Zip Code 92780		
6. Service of Process (Must provide either Individual OR Co	orporation.)							
INDIVIDUAL – Complete Items 6a and 6b only. Must includ	le agent's full name a	nd California street	address.					
a. California Agent's First Name (if agent is <b>not</b> a corporation)     Jorge		Middle Name G					Suffix	
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O.</b> 13881 Tustin East Drive # 59	Вох	City (no abbreviati Tustin	utions)		State CA	Zip Co <b>92</b> 7	<sup>ode</sup> 780	
CORPORATION - Complete Item 6c only. Only include the	name of the register	ed agent Corporatio	n.					
c. California Registered Corporate Agent's Name (if agent is a corpora	tion) – Do not complete	e Item 6a or 6b						
7. Type of Business								
a. Describe the type of business or services of the Limited Liability Corbuilding custom technology solutions	mpany							
8. Chief Executive Officer, if elected or appointed								
a. First Name		Middle Name		Last Name			Suffix	
b. Address		City (no abbreviations)			State	Zip Co	ode	
The Information contained herein, including any at	ttachments, is tru	e and correct.						
07/30/2021 Jorge G Lazaro		Member						
Date Type or Print Name of Person Com	Title Signature							
<b>Return Address (Optional)</b> (For communication from the Sec person or company and the mailing address. This information will b					ment ent	er the n	name of a	
Name:		7						
Company:								
Address:								

City/State/Zip: