

LLC-12

22-A59426

FILED

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

JAN 28, 2022

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

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

1. Limited Liability Company Name (Enter the **exact** name of the LLC. If you registered in California using an alternate name, <u>see instructions</u>.)

APPLE BLOSSOM FARMS LLC

2. 12-Digit Secretary of State Entity Number

3. State, Foreign Country or Place of Organization (only if formed outside of California)

CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)		Zip Code
31258 Via Puerta Del Sol	Bonsall	CA	92003
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
31258 Via Puerta Del Sol	Bonsall	CA	92003
c. Street Address of California Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
31258 Via Puerta Del Sol	Bonsall	CA	92003

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 additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middl	e Name	Last Name			Suffix
Brian	Α		Poppleton			
b. Entity Name - Do not complete Item 5a						
c. Address		City (no abbrevi	ations)	State	Zip Code	
31258 Via Puerta Del Sol		Bonsall	nsall CA		92003	

INDIVIDU	AL – Complete Items 6a and 6b only. Must incl	ude ag	ent's full name	and California	a street a	ıddress	
a. California Ago	ent's First Name (if agent is not a corporation)	Midd	le Name	Last Name			Suffix
b. Street Addres	ss (if agent is not a corporation) - Do not enter	a	City (no abbre	viations)	State CA	Zip C	ode
CORPORA	ATION – Complete Item 6c only. Only include the	he nam	ne of the register	red agent Co	rporation	l.	
	gistered Corporate Agent's Name (if agent is a own W CORP. (C4138339)	corpora	ition) – Do not c	omplete Item	n 6a or 6b)	
7. Type of Bu	ısiness						
Describe the type Farming	pe of business or services of the Limited Liability	/ Comp	pany				
8. Chief Exec	cutive Officer, if elected or appointed						
a. First Name		Midd	lle Name Last Nam		ne		Suffix
b. Address	Address City (no abbreviations)		viations)	State	Zip Code		
9. Labor Jud	gment						
of Labor Stand	ger or Member have an outstanding final jud dards Enforcement or a court of law, for whi e violation of any wage order or provision o	ch no	appeal therefron		☐ Ye	es [☑ No
	g, I affirm under penalty of perjury that the ind by California law to sign.	nforma	ition herein is t	rue and cor	rect and	I that I	am
01/28/2022	Brian A Poppleton		Manager				
Date	Type or Print Name		Title	Si	gnature		

6. Service of Process (Must provide either Individual **OR** Corporation.)