

**LLC-12** 

22-A96640

## **FILED**

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

FEB 11, 2022

This Space For Office Use Only

**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>.)

HERMES TRADING 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)	State	Zip Code
5105 Almsbury Dr	Salida	CA	95368
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
5105 Almsbury Dr	Salida	CA	95368
c. Street Address of <b>California</b> Office, if Item 4a is not in California Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
5105 Almsbury Dr	Salida	CA	95368

## 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	Middle	Name	Last Name	;		Suffix
William	Dontae	•	Moffitt			
b. Entity Name - Do not complete Item 5a						
					ı	
c. Address		City (no abbrevi	ations)	State	Zip Co	ode
5105 Almsbury Dr	;	Salida		CA	95368	

INDIVIDUAL – Complete Items 6a and 6b on	y. Must include	agent's full name	and California	a street a	ddress	•	
a. California Agent's First Name (if agent is <b>not</b> a c	orporation) Mi	Middle Name Last Name		ame		Suffix	
William			Moffitt				
b. Street Address (if agent is <b>not</b> a corporation) - <b>D P.O. Box</b>	b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>		City (no abbreviations)		Zip Co	Zip Code	
5105 Almsbury			Salida		95368		
CORPORATION – Complete Item 6c only. O	nly include the na	ame of the registe	red agent Co	rporation	l.		
c. California Registered Corporate Agent's Name (i	f agent is a corpo	oration) – Do not c	omplete Item	ı 6a or 6t	)		
7. Type of Business							
Describe the type of business or services of the Lir	nited Liability Co	mpany					
Ecommerce							
8. Chief Executive Officer, if elected or app	ointed						
a. First Name	Mic	ddle Name			е		
William	Do	ntae	rae Moffitt				
b. Address	<u> </u>	City (no abbre	City (no abbreviations)		Zip Code		
5105 Almsbury dr		Salida	Salida		95368		
9. Labor Judgment							
Does a Manager or Member have 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?					☐ Yes ☑ No		
<b>10.</b> By signing, I affirm under penalty of perjur authorized by California law to sign.	y that the inforr	nation herein is	rue and cor	rect and	I that I	am	
02/11/2022 William Dontae Moffitt		CEO					
Date Type or Print Name		Title	Siç	gnature			

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