

provision of the Labor Code.

**STATE OF CALIFORNIA** 

CORPORATION

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

## BA20250052535

For Office Use Only



File No.: BA20250052535 Date Filed: 1/8/2025

| CALIFORNIA  | 1500 11th Street<br>Sacramento, California 95814<br>(916) 657-5448 |          |                 |               |             |   | Date Filed: 1/8/2025                             |  |
|---|--|----------|-----------------|---------------|-------------|---|--|--|
|   | (010) 0  |          |                 |               |             |   |  |  |
| Entity Details  |  |          |                 |               |             |   |  |  |
| Corporation Name  |  |          |                 |               | Ago         | pian Investments  |  |  |
| Entity No.  |  |          |                 |               | 6519        | 9611  |  |  |
| Formed In   |  |          |                 |               |             | IFORNIA   |  |  |
| Street Address of Princip   | oal Office   | of Corpo | ration          |               |             |   |  |  |
| Principal Address   |  |          |                 |               |             | 35 LAS LUNITAS AVE<br>UNGA, CA 91042  |  |  |
| Mailing Address of Corp   | oration  |          |                 |               |             |   |  |  |
| Mailing Address   |  |          |                 |               |             | 35 LAS LUNITAS AVE<br>UNGA, CA 91042  |  |  |
| Attention   |  |          |                 |               |             |   |  |  |
| Street Address of California Office of Corporation<br>Street Address of California Office |  |          |                 |               |             | 35 LAS LUNITAS AVE<br>UNGA, CA 91042  |  |  |
| Officers  |  |          |                 |               |             |   |  |  |
| Officer Name  | Officer Name Officer Address                                       |          |                 |               | Position(s) |   |  |  |
| + TROY AGOF   | + TROY AGOPIAN 10635 LAS LUNITAS AVE<br>TUJUNGA, CA 91042          |          |                 |               |             | Chief Executive Officer, Chief Financial Officer, Secretary                                       |  |  |
| Additional Officers   |  |          |                 |               |             |   |  |  |
| [   | 200  |          | Of              | ficor Addross |             | Position  | Stated Position                                  |  |
| Officer Name Officer Address  |  |          |                 |               | ne Entere   | Į   | Stated i Usition                                 |  |
|   |  |          |                 | NO            |             | u   |  |  |
| Directors   |  |          |                 |               |             |   |  |  |
| Director Name   |  |          |                 |               |             | Director Address  |  |  |
| TROY AGOPIAN  |  |          |                 |               |             | 10635 LAS LUNITAS AVE<br>TUJUNGA, CA 91042  |  |  |
| The number of va  | cancies  | on Boa   | ard of Director | rs is: 0      |             |   |  |  |
| Agent for Service of Pro  | cess   |          |                 |               |             |   |  |  |
| Agent Name  |  |          |                 |               |             | TROY AGOPIAN  |  |  |
| Agent Address   |  |          |                 |               |             | 10635 LAS LUNITAS AVE<br>TUJUNGA, CA 91042  |  |  |
| Type of Business<br>Type of Business  |  |          |                 |               | REA         | AL ESTATE   |  |  |
| Email Notifications<br>Opt-in Email Notifications   |  |          |                 |               |             | No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail. |  |  |
|   |  |          |                 |               |             | judgment issued by the ending, for the violation  | Division of Labor Standards of any wage order or |  |

| Electronic Signature   |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| By signing, I affirm that the information herein is true and | I correct and that I am authorized by California law to sign. |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| TROY AGOPIAN   | 01/08/2025  |  |  |  |  |  |  |  |
| Signature  | Date  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |