

LLC-12

22-B36356

FILED

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

MAR 02, 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>.)

MR. PARKER 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
109 East Harvard Street #303	Glendale	CA	91205
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
109 East Harvard Street #303	Glendale	CA	91205
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
109 East Harvard Street #303	Glendale	CA	91205

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	Last Name		Suffix
Vrej		Sarkissian	Sarkissian		
h Fatiti Nama Danat camalata Itana Fa					
b. Entity Name - Do not complete Item 5a					
c. Address	City (no abb	City (no abbreviations)		Zip Code	
109 East Harvard Street #303	Glendale	Glendale		91205	
	1				

INDIVIDUA	L – Complete Items 6a and 6b only. Must incl	ude ag	ent's full name a	nd California	street a	ddress	•
a. California Ager	nt's First Name (if agent is not a corporation)	Midd	le Name	lame Last Name			Suffix
Vrej				Sarkissian			
b. Street Address P.O. Box	b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Code	
109 East Harvard	Street #303		Glendale		CA	91205	
CORPORAT	TION – Complete Item 6c only. Only include the	ne nam	ne of the registere	ed agent Co	rporation	۱.	
c. California Regi	stered Corporate Agent's Name (if agent is a o	corpora	ition) – Do not co	mplete Item	6a or 6b)	
7. Type of Bus	siness						
Describe the type	of business or services of the Limited Liability	/ Comp	pany				
Parking Valet							
8. Chief Execu	itive Officer, if elected or appointed	1					
a. First Name		Midd	lle Name Last Name		Su		Suffix
Vrej			Sarkissian				
b. Address			City (no abbreviations)		State	Zip Code	
109 East Harvard	Street #303		Glendale		CA	91205	
9. Labor Judgi	ment					ı	
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?					☑ No		
	I affirm under penalty of perjury that the ir by California law to sign.	nforma	ition herein is tr	ue and cor	rect and	I that I	am
03/02/2022	Vrej Sarkissian		President				
Date	Type or Print Name		Title	Sig	gnature		

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