State



## Secretary of State Articles of Incorporation of a General Stock Corporation

ARTS-GS

For Office Use Only

## -FILED-

File No.: 6410042

		Date Filed: 9/30/2024				
Filing Fee - \$100.00						
Certified Copy Fee (Optional) - \$5.00						
Note: The annual minimum \$800 tax to the California Franchise Taremains due and is not subject to the processing fee waiver. For minformation, go to <a href="ftb.ca.gov">ftb.ca.gov</a> .						
Corporate Name (Go to www.sos.ca.gov/business/be/name-reser	rvations for general c		This Space Fo			
	o Servi		1			
2. Business Addresses (Enter the complete business addresses.)	)					
a. Initial Street Address of Corporation - Do not list a P.O. Box 3220 williamsburg Dr#4	San Jo	ions)		State	Zip Code GSU7	
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviati	ity (no abbreviations)		State	Zip Code	
3. Service of Process (Must provide either Individual OR Corporatio INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's for	255.20	nia street a	address.			
INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full a. California Agent's First Name (if agent is <b>not</b> a corporation)	255.20	nia street a	Last Name	0		Suffix
a, California Agent's First Name (if agent is <b>not</b> a corporation)  Mar lon  b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	Middle Name City (no abbrevia	tions)	Last Name	State CA	Zip Co	14290113400
INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's full a. California Agent's First Name (if agent is <b>not</b> a corporation)  b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	Middle Name Harole City (no abbrevia	tions)	Last Name	State	Zip Ccc	14290113400
a. California Agent's First Name (if agent is not a corporation)  Marlon  b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box  3220 williamsburg Dr #4	Middle Name  Harole  City (no abbrevia  San J  gistered agent Corpo  not complete Item 3a	oration.	Last Name Zapat	State	Zip Co	1
INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's fit a. California Agent's First Name (if agent is <b>not</b> a corporation)  Marlon  b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b> 3220 williamsburg Dr +4  CORPORATION – Complete Item 3c. Only include the name of the rec. California Registered Corporate Agent's Name (if agent is a corporation) – Do	Middle Name  Havola  City (no abbrevia  San  gistered agent Corpo  not complete Item 3a  o issue. Do not leave	oration. or 3b	Last Name Zapa+	State	Zip Co	1
INDIVIDUAL – Complete Items 3a and 3b only. Must include agent's fit a. California Agent's First Name (if agent is not a corporation)  Do Street Address (if agent is not a corporation) - Do not enter a P.O. Box  CORPORATION – Complete Item 3c. Only include the name of the region.  California Registered Corporate Agent's Name (if agent is a corporation) – Do  4. Shares (Enter the number of shares the corporation is authorized to This corporation is authorized to issue only one class of shares.	Middle Name  Havola  City (no abbrevia  San  gistered agent Corpo  not complete Item 3a  o issue. Do not leave	oration. or 3b	Last Name Zapa+	State	Zip Co	

Signature