

**LLC-12** 

22-B89663

## **FILED**

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

MAR 29, 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>.)

DGM LIFESTYLE CLOTHING AND MORE 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
2447 Pacific Coast Highway, Suite 242	Hermosa Beach	CA	90254
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
2447 Pacific Coast Highway, Suite 242	Hermosa Beach	CA	90254
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
2447 Pacific Coast Highway, Suite 242	Hermosa Beach	CA	90254

## 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	Э	S	Suffix
b. Entity Name - Do not complete Item 5a Jason Jamal Jackson				·	
c. Address	City (no abbi	eviations)	State	Zip Code	<del></del>
2447 Pacific Coast Highway, Suite 242	Hermosa Bea	nch	CA	90254	

a. California Agent's First Name (if agent is not a corporation)  David	INDIVIDUAL - Complete Items 6a and 6b only. Must inclu	ude ag	ent's full name ar	nd California	a street a	ddress.	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 15233 Ventura Blvd, Suite 420  CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.  c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b  7. Type of Business  Describe the type of business or services of the Limited Liability Company Clothing/Services  8. Chief Executive Officer, if elected or appointed  a. First Name Jamal  Middle Name Jamal  Last Name Jackson  State Zip Code 90254  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?  10. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am	a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middl	ddle Name Last Name		ne		Suffix
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•	<ol><li>By signing, I affirm under penalty of perjury that the in authorized by California law to sign.</li></ol>	nforma	tion herein is tr	ue and cori	rect and	that I	am
03/29/2022 David C McGriff Attorney	03/29/2022 David C McGriff		Attorney				
Date Type or Print Name Title Signature	Date Type or Print Name			Sig	gnature		

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