



Secretary of State  
Statement of Information  
(Limited Liability Company)

LLC-12

19-A10484

FILED

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

JAN 08, 2019

This Space For Office Use Only

**IMPORTANT — 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, see instructions.)

TRANSMETRO SF LLC

**2. 12-Digit Secretary of State File Number**  
201814110833

**3. State, Foreign Country or Place of Organization** (only if formed outside of California)  
CALIFORNIA

**4. Business Addresses**

<b>a. Street Address of Principal Office — Do not list a P.O. Box</b> 101 W American Cyn Rd 508-253	<b>City (no abbreviations)</b> American Canyon	<b>State</b> CA	<b>Zip Code</b> 94503
<b>b. Mailing Address of LLC, if different than Item 4a</b> 101 W American Cyn Rd 508-253	<b>City (no abbreviations)</b> American Canyon	<b>State</b> CA	<b>Zip Code</b> 94503
<b>c. Street Address of California Office, if Item 4a is not in California — Do not list a P.O. Box</b> 101 W American Cyn Rd 508-253	<b>City (no abbreviations)</b> American Canyon	<b>State</b> CA	<b>Zip Code</b> 94503

**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 entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

<b>a. First Name, if an individual — Do not complete Item 5b</b> M. A.	<b>Middle Name</b>	<b>Last Name</b> Omer	<b>Suffix</b>
<b>b. Entity Name — Do not complete Item 5a</b>			
<b>c. Address</b> 101 W American Cyn Rd 508-253	<b>City (no abbreviations)</b> American Canyon	<b>State</b> CA	<b>Zip Code</b> 94503

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

**INDIVIDUAL —** Complete Items 6a and 6b only. Must include agent's full name and California street address.

<b>a. California Agent's First Name (if agent is not a corporation)</b> M. A.	<b>Middle Name</b>	<b>Last Name</b> Omer	<b>Suffix</b>
<b>b. Street Address (if agent is not a corporation) — Do not enter a P.O. Box</b> 101 W American Cyn Rd 508-253	<b>City (no abbreviations)</b> American Canyon	<b>State</b> CA	<b>Zip Code</b> 94503

**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**

**a. Describe the type of business or services of the Limited Liability Company**  
Real Estate Management

**8. Chief Executive Officer, if elected or appointed**

<b>a. First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Address</b>	<b>City (no abbreviations)</b>	<b>State</b>	<b>Zip Code</b>

**9. The information contained herein, including any attachments, is true and correct.**

01/08/2019

M. A. Omer

Managing Member

Date

Type or Print Name of Person Completing the Form

Title

Signature

**Return Address (Optional)** (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [ ]

Company:

Address:

City/State/Zip: [ ]



Secretary of State  
Articles of Organization  
Limited Liability Company (LLC)

LLC-1

201814110833

FILED *dyj*  
Secretary of State  
State of California

MAY 11 2018 *SMM*

LLC Ending Added

**IMPORTANT — Read instructions before completing this form.**

Filing Fee — \$70.00

Copy Fees — First page \$1.00; each attachment page \$0.50;  
Certification Fee — \$5.00

Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

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1. Limited Liability Company Name (See Instructions — Must contain an LLC ending such as LLC or L.L.C. "LLC" will be added, if not included.)

TRANSMETRO SF **LLC**

2. Business Addresses

a. Initial Street Address of Designated Office in California — Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
101 W American Canyon Rd Suite 508-253	American Canyon	CA	94503
b. Initial Mailing Address of LLC, if different than Item 2a	City (no abbreviations)	State	Zip Code

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

INDIVIDUAL — Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
M.	A.	Omer	
b. Street Address (if agent is not a corporation) — Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
101 W American Canyon Rd Suite 508-253	American Canyon	CA	94503

CORPORATION — Complete Item 3c. 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 3a or 3b

4. Management (Select only one box)

The LLC will be managed by:

☒ One Manager ☐ More than One Manager ☐ All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. The information contained herein, including in any attachments, is true and correct.

*M. A. Omer*  
Organizer sign here

*M. A. OMER*  
Print your name here