

**LLC-12** 

19-A10484

## **FILED**

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

JAN 08, 2019

PARCORTANT	Dood	:44i	h-4			·
IMPORTANT —	Read	Instructions	oerore	combient	ig wis i	orm.

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 exect name of the LLC. If you registered in California using an elternate name, see instructions.)  TRANSMETRO SF LLC  2. 12-Digit Secretary of State File Number	Code 503 Code 03 Code 503 Id addres						
2. 12-Digit Secretary of State File Number 201814110833  CALIFORNIA  3. State, Foreign Country or Place of Organization (only if formed outside of CALIFORNIA  CALIFORNIA  CALIFORNIA  State P.O. Box City (no abbreviations) CA 948  Malling Address of Principal Office - Do not list a P.O. Box CA 948  O1 W American Cyn Rd 508-253 American Canyon CA 945  State Zip (Organization (only if formed outside of CALIFORNIA)  City (no abbreviations) CA 945  City (no abbreviations) CA 945  State Zip (Organization (only if formed outside of CALIFORNIA)  CA 945  City (no abbreviations) City (no abbreviations) CA 945  City (no abbreviations) City (no abbreviations	Code 503 Code 503 Code 503 Id address member I If the LLC						
Business Addresses  Street Address of Principal Office - Do not list a P.O. Box O1 W American Cyn Rd 508-253  Malling Address of LLC, if different than Item 4e O1 W American Cyn Rd 508-253  Street Address of California Office, if the manager member is an individual, complete item 5a and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member.  First Name, if an individual - Do not complete item 5a  Address  City (no abbreviations) American Canyon Cay 945 City (no abbreviations) City (no abbreviations) American Canyon Cay 945 City (no abbreviations) Cay 945 City (no abbreviations)	Code 503 Code 503 Code 503 Id address member I If the LLC						
Street Address of Principal Office - Do not list a P.O. Box O1 W American Cyn Rd 508-253 American Canyon City (no abbreviations) American Canyon City (no abbreviations) City	503 Code 503 and address						
Street Address of Principal Office - Do not list a P.O. Box O1 W American Cyn Rd 508-253 American Canyon Cty (no abbreviations) State Cty (no abbreviations)	503 Code 503 and address						
American Canyon  CA 948  Malling Address of LLC, if different than Item 4a  O1 W American Cyn Rd 508-253  Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box O1 W American Cyn Rd 508-253  Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box O1 W American Cyn Rd 508-253  The managers have been appointed or elected, provide the name and address of each member. At least one name an unstable listed. If the manager/member is an individual, complete item 5a and 5c (leave item 5a blank). If the manager or member.  First Name, if an individual - Do not complete item 5b  Middle Name  City (no abbreviations)  State Zip (  CA 945  CA 945  CA 945  CA 946	503 Code 503 and address						
Manager(s) or Member(s)  Manager(s) or Member(s)  First Name, if an individual - Do not complete Item 5b  Middle Name - Do not complete Item 5a  City (no abbreviations)  American Canyon  State Zip (no abbreviations)  American Canyon  If no managers have been appointed or elected, provide the name and address of each member. At least one name at must be listed, if the manager/member is an individual, complete Item 5a and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member.  First Name, if an individual - Do not complete Item 5b  Middle Name  City (no abbreviations)  State Zip (no abbreviations)  State Zip (no abbreviations)  State Zip (no abbreviations)  State Zip (no abbreviations)	Code 03 Code 503 nd addres member I						
O1 W American Cyn Rd 508-253  Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box O1 W American Cyn Rd 508-253  If no managers have been appointed or elected, provide the name and address of each member. At least one name an entity down, complete item 5a and 5c (leave item 5a blank). If the manager or member an entity, complete item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name an entity complete item 5a blank). Note: The LLC cannot serve as its own manager or member. First Name, if an individual - Do not complete item 5b  Middle Name  City (no abbreviations)  Middle Name  Cal 945  Cal 945	03 Code 503 Ind address member in the LL						
American Cyn Rd 508-253  American Canyon  CA 94  If no managers have been appointed or elected, provide the name and address of each member. At least one name at must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager an entity, complete items 5b and 6c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member.  First Name, if an individual - Do not complete item 5b  Middle Name  Cally (no abbreviations)  State Zip C	503 nd addres member I If the LL						
Manager(s) or Member(s)  Manager(s) or Member(s)  Min o managers have been appointed or elected, provide the name and address of each member. At least one name and must be listed, if the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. At least one name and addresses on 5c (leave item 5a blank). Note: The LLC cannot serve as its own m	addres						
must be listed, if the manager/member is an individual, complete item 5 a and 5c (leave item 5b blank). If the manager an entity, complete item 5 blank). Note: The LLC cannot serve as its own manager or member.  First Name, if an individual - Do not complete item 5b  Middle Name  Last Name  Omer  Address  City (no abbreviations)  State  Zip C	member i						
M.,A. Omer  Entity Name - Do not complete Item 5a  Address City (no abbreviations) State Zip (	Suffi						
. Address City (no abbreviations) State Zip (							
101 W American Cyn Rg 508-253   American Canyon   CA   1945							
	03						
. 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.							
. Celifornia Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  Omer	Suffo						
Street Address (If agent is not a corporation) - Do not enter a P.O. Box O1 W American Cyb Rd 508-253  City (no abbreviations) American Canyon  CA 94	ode 503						
CORPORATION Complete Item 6c only. Only include the name of the registered agent Corporation.							
California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete item 6a or 6b  Type of Business Describe the type of business or services of the Limited Liability Company Real Estate Management							
. Chief Executive Officer, if elected or appointed							
First Name Middle Name Lest Name	Suffix						
. Address City (no abbreviations) State Zip C	ode						
. The Information contained herein, including any attachments, is true and correct.							
01/08/2019 M. A. Omer Managing Member	Managing Member						
Date Type or Print Name of Person Completing the Form Title Signature							
	name of a						
son or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)	***						
son or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.) The:	** **						
turn Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the son or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)  rne:	er ye						

Secretary of State	LLC-1			40000	
Articles of Organization Limited Liability Company (LLC)			14110833		
		<del></del>	ILED		
IMPORTANT Read instructions before completing this form.	<u>¥</u> 1	Secreta State o			
Filing Fee - \$70.00		MAY	1 1 201	8 SMM	
Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00	es .		CF	nding Adde	
Note: LLCs may have to pay minimum \$800 tax to the California Fra each year. For more information, go to https://www.ftb.ce.gov.	nchise Tax Board	lpe			
Limited Liability Company Name (See Instructions – Must con	Maio na LLO andina s			Rice Use Only	
1. Limited Liability Company realise (355 liabbooks - mor con	men an FFC eliquid s	adies Le oi C.L.C.	CC WAID	a sough, il liot includes.)	
TRANSMETRO SF LLC					
2. Business Addresses					
a. Initial Street Address of Dealgrated Office in California - Do not enter a P.O. Box	City (no abbreviati	_	Starte	Zip Code	
101 W American Canyon Rd Suite 508-253	America	n Canyon	CA	94503	
b. Entitled Milling Address of LLC, of different their them 2n	City (no abbrevistare)		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 Callomia	street address.			
a. Celifornia Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		Suffix	
M.	A. son	Omer			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviation	ne)	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 regis	itered agent Corpore	tion.	-		
c. California Registered Corporate Agent's Name (If agent is a corporation) — Do no	ot complete Item 3a or	3b			
		412			
4. Management (Select only one box)					
The LLC will be managed by:					
One Manager More than On	e Manager	AN LLC Me	mber(s)		
5. Purpose Statement (Do not alter Purpose Statement)		34	<b>9</b> 0		
The purpose of the limited liability company is to engage in a may be organized under the California Revised Uniform Limite	any lawful act or ed Liability Comp	activity for which any Act	a limited	fiability company	
6. The Information contained herein, including in any attachm	ents, is true and	correct			
An O					
Man-	m.	A. OMER			

LLC-1 (REV 04/2017)