



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

LLC-1

201826210478

CMJ/ZPR

FILED

Secretary of State
State of California

SEP 19 2018

IPC

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>.

This Space For Office Use Only

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.)

2018FMO 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
3639 Midway Dr suite B #132	san diego	CA	92110
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
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

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

LegalZoom.com, Inc.

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.

CM

Organizer sign here

By: Cheyenne Moseley, Assistant Secretary, LegalZoom.com, Inc.

Print your name here



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

19-B16593

FILED

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

MAR 21, 2019

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

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

2018FMO LLC

2. 12-Digit Secretary of State File Number

201826210478

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

3639 Midway Drive, Suite B #132

City (no abbreviations)

San Diego

State

CA

Zip Code

92110

b. Mailing Address of LLC, if different than item 4a

3639 Midway Drive, Suite B #132

City (no abbreviations)

San Diego

State

CA

Zip Code

92110

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

3639 Midway Drive, Suite B #132

City (no abbreviations)

San Diego

State

CA

Zip Code

92110

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](#)).

a. First Name, if an individual - Do not complete Item 5b

Aaron

Middle Name

Last Name

Magagna

Suffix

b. Entity Name - Do not complete Item 5a

c. Address

3639 Midway Drive, Suite B #132

City (no abbreviations)

San Diego

State

CA

Zip Code

92110

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.

a. California Agent's First Name (if agent is **not** a corporation)

Elidia

Middle Name

Last Name

Dostal

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box**

3170 Fourth Avenue, Suite 250

City (no abbreviations)

San Diego

State

CA

Zip Code

92103

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

retail

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

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

03/21/2019

Date

Elidia Dostal

Type or Print Name of Person Completing the Form

Attorney

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
Statement of Information
(Limited Liability Company)

LLC-12

19-D86443

FILED

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

OCT 11, 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](#).)

2018FMO LLC

2. 12-Digit Secretary of State File Number
201826210478

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 6230 federal blvd	City (no abbreviations) san diego	State CA	Zip Code 92105
b. Mailing Address of LLC, if different than item 4a 3639 midway dr. suite B #132	City (no abbreviations) san diego	State CA	Zip Code 92110
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 6230 federal blvd	City (no abbreviations) san diego	State CA	Zip Code 92105

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](#)).

a. First Name, if an individual - Do not complete Item 5b Aaron	Middle Name	Last Name Magagna	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 3639 Midway dr, suite B #132	City (no abbreviations) san diego	State CA	Zip Code 92110

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.

a. California Agent's First Name (if agent is not a corporation) Aaron	Middle Name	Last Name Magagna	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 3639 Midway Dr, suite B #132	City (no abbreviations) san diego	State CA	Zip Code 92110

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
Cannabis Retail Outlet

8. Chief Executive Officer, if elected or appointed

a. First Name Aaron	Middle Name	Last Name Magagna	Suffix
b. Address 3639 Midway dr, suite B #132	City (no abbreviations) San Diego	State CA	Zip Code 92110

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

10/11/2019

Aaron Magagna

Owner

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: []