



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

LLC-1

201632110060

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$70.00

Copy Fees - First plain copy free; Additional copies: First page \$1.00 & .50 for each attachment page; Certification Fee - \$5.00

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

FILED
Secretary of State
State of California

NOV 15 2016

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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.)

6302 Federal LLC

2. Business Addresses

a. Initial Street Address of Designated Office in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
6420 Federal Boulevard, Suite C	Lemon Grove	CA	91945
b. Initial Mailing Address of LLC, if different than Item 2a	City (no abbreviations)	State	Zip Code

3. Agent for Service of Process

Item 3a and 3b: If naming an individual, the agent must reside in California and Item 3a and 3b must be completed with the agent's name and complete California street address.

Item 3c: If naming a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 3c must be completed (leave Item 3a-3b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Starr		Skinner	
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
216 Cerro Street	Encinitas	CA	92024
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.

Organizer sign here

Jeffrey L. Anastas

Print your name here

18-301878



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

FILED
Secretary of State
State of California

JAN 25 2018

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

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

6302 Federal LLC

2. 12-Digit Secretary of State File Number

201632110060

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

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
216 Cerro Street	Encinitas	CA	92024
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
216 Cerro Street	Encinitas	CA	92024
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

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	Middle Name	Last Name	Suffix
Edward	Starr	Skinner	
b. Entity Name - Do not complete Item 5a			
c. Address	City (no abbreviations)	State	Zip Code
216 Cerro Street	Encinitas	CA	92024

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)	Middle Name	Last Name	Suffix
Edward	Starr	Skinner	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
216 Cerro Street	Encinitas	CA	92024

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

Edward Starr Skinner

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

Property Management

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
Edward	Starr	Skinner	
b. Address	City (no abbreviations)	State	Zip Code
216 Cerro Street	Encinitas	CA	92024

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

1/3/2018

Date

Starr Skinner

Type or Print Name of Person Completing the Form

Manager

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: [Edward Starr Skinner]

Company: 6302 Federal LLC

Address: 216 Cerro Street

City/State/Zip: [Encinitas, CA 92024]



Secretary of State
Statement of No Change
(Limited Liability Company)

LLC-12NC

20-D65062

FILED

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

SEP 11, 2020

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IMPORTANT — [Read instructions](#) before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

Filing Fee – \$20.00

Copy Fee – \$1.00;
Certification Fee - \$5.00 plus copy fee

- 1. Limited Liability Company Name** (Enter the **exact** name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, [see instructions](#).)

6302 FEDERAL LLC

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

201632110060

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

CALIFORNIA

- 4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

- 5.** The information contained herein is true and correct.

09/11/2020

Date

Starr Edward Skinner

Type or Print Name of Person Completing the Form

CEO

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: