17-374223

Secretary of State Statement of Information (Limited Liability Company)

LLC-12

146 SW

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

FILED
Secretary of State
State of California

DEC 08 2017

26/20/CC

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.)

i.am.plus, llc

2. 12-Digit Secretary of State File Number

201204410121

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

4. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Office - Do not list a P.O. Box 809 N CAHUENGA BLVD	LOS ANGELES	CA	90038
b. Mailing Address of LLC, if different than item 4a			
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O Box 809 N CAHUENGA BLVD	LOS ANGELES	CA	90038

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
b. Entity Name - Do not complete item 5a i.am.plus electronics, inc.			
c. Address 809 N CAHUENGA BLVD	City (no abbreviations) LOS ANGELES	State CA	Zip Code 90038

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
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

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

CT Corporation System (C0168406)

7. Type of Business

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

Technology

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.

Date	Type or Print Name of Person Completing the Form	Title	Signature
12-7-2017	Travis Lopez	Authorized Person	

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: