17-419108

Secretary of State Statement of Information (Limited Liability Company)

142

LLC-12

FILED
Secretary of State
State of California
FEB 13 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - $20.00

Copy Fees – Face Page $1.00 & .50 for each attachment page; Certification Fee - $5.00

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1. *Limited Liability Company Name*
Blue Flame Labs LLC

2. 12-Digit Secretary of State File Number
201335510140

3. State 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 264 Arbor Valley Dr	City (no abbreviations) San Jose	State CA	Zip Code 95119
b. Mailing Address of LLC, **if different than item 4a**	City (no abbreviations)	State	Zip Code
c. Street Address of **California** Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

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 Jeremiah	Middle Name	Last Name Freyholtz	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 264 Arbor Valley Dr	City (no abbreviations) San Jose	State CA	Zip Code 95119

6. Agent for Service of Process

Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is **not** a corporation) Jeremiah	Middle Name	Last Name Freyholtz	Suffix
b. Street Address (if agent is **not** a corporation) - **Do not list a P.O. Box** 264 Arbor Valley Dr	City (no abbreviations) San Jose	State CA	Zip Code 95119
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
Video game and web development

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
1/21/2017	Jeremiah Freyholtz	Founder	

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: