

16-763526



Secretary of State
Statement of Information
(Limited Liability Company)

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LLC-12

FILED
Secretary of State
State of California

SEP 09 2016

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

27-50/20/CC/129/1114
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1. Limited Liability Company Name
LEGACY BOTANICAL COMPANY, LLC

2. 12-Digit Secretary of State File Number
201605310106

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 8551 Folsom Blvd., Suite A	City (no abbreviations) Sacramento	State CA	Zip Code 95826
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 Andrey	Middle Name	Last Name Kukushkin	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1983 17th Ave	City (no abbreviations) San Francisco	State CA	Zip Code 94116

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) Brad	Middle Name	Last Name Hirsch	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 1013 Galleria Blvd., Suite 290	City (no abbreviations) Roseville, CA	State CA	Zip Code 95678
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
Management and Consulting

8. Chief Executive Officer, if elected or appointed

a. First Name Not Applicable	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.

July 25, 2016

Garib Karapetyan

Member

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: []

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**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

A. Limited Liability Company Name

LEGACY BOTANICAL COMPANY, LLC

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B. 12-Digit Secretary of State File Number

201605310106

C. State or Place of Organization (only if formed outside of California)

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

2a. First Name – Do not complete Item 2b Garib	Middle Name	Last Name Karapetyan	Suffix
2b. Entity Name – Do not complete Item 2a			
2c. Address 8551 Folsom Blvd., Suite A	City (no abbreviations) Sacramento	State CA	Zip Code 95826
3a. First Name – Do not complete Item 3b Andrey	Middle Name	Last Name Muraviev	Suffix
3b. Entity Name – Do not complete Item 3a			
3c. Address 8551 Folsom Blvd., Suite A	City (no abbreviations) Sacramento	State CA	Zip Code 95826
4a. First Name – Do not complete Item 4b	Middle Name	Last Name	Suffix
4b. Entity Name – Do not complete Item 4a			
4c. Address	City (no abbreviations)	State	Zip Code
5a. First Name – Do not complete Item 5b	Middle Name	Last Name	Suffix
5b. Entity Name – Do not complete Item 5a			
5c. Address	City (no abbreviations)	State	Zip Code
6a. First Name – Do not complete Item 6b	Middle Name	Last Name	Suffix
6b. Entity Name – Do not complete Item 6a			
6c. Address	City (no abbreviations)	State	Zip Code
7a. First Name – Do not complete Item 7b	Middle Name	Last Name	Suffix
7b. Entity Name – Do not complete Item 7a			
7c. Address	City (no abbreviations)	State	Zip Code
8a. First Name – Do not complete Item 8b	Middle Name	Last Name	Suffix
8b. Entity Name – Do not complete Item 8a			
8c. Address	City (no abbreviations)	State	Zip Code