YOUR RET	JRN MAIL	ING ADDRESS
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NAME: JOHN ROGERS

ADDRESS: 133 MAIN ST.

CITY: ANYWHERE	STATE: CA	ZIP CODE: 12345	
	FICTITIOL	JS BUSINESS NA TYPE OF FILING AND FILING F	
Driginal- \$26.00 (FOR ORIGINAL FI	UNC WITH ONE PUSINESS NAME (
New (Amended) Filing- \$26.00 (C			
Refile- \$26.00 (NO CHANGES IN TH	E FACTS FROM ORIGINAL FILING)	,	E LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER
	The foi	lowing person(s) is (are)	doing business as:
*1. SMOOTH SAILING	RENTALS	2	
		Print Fictitious Business M	lame(s)

*1. SMOOTH S	AILING RENTAL	LS	2.			
			Print Fictitious Busin	ess Name(s)		
** <u>133 MAIN ST.</u>				P.O. BOX 100		
	et address of principal plac				iress if different	
ANYWHERE	CA	12345	ANY COUNTY	ANYWHERE	CA	12345
City	State	Zip	COUNTY	City	State	Zip
rticles of Incorporation of	r Organization Number (if a	applicable): Al #ON				
*** REGISTERED	OWNER/S)-					
	• •		2 , JE			
JOHN ROGER	C (P.O. Box not accepted)			REMY OLSEN II Name/Corp/LLC (P.O. Bo)	v pot accostad)	
	C (P.O. Box not accepted)					
246 OAK ST.				0 CORPORATE BL	VD.	
Residence Address				sidence Address	~ .	40046
ANYWHERE	CA	12345		IYWHERE	CA	12345
City	State	Zip	Cit	у	State	Zip
If Corporation or LL	C - Print State of Incorpora	ation/Organization		Corporation or LLC - Print S	itate of Incorporation/Orga	nization
			4			
B. Eul Name (Cam I) (C (P.O. Box not accepted)		4	Name/Corp/LLC (P.O. Bo	x not accepted)	
Full Name/Corp/LCC	C (P.O. Box not accepted)		ru ru	Realiter Colprect (F.C. Do.		
Residence Address			Re	sidence Address		
City	State	Zip	Cit	У	State	Zip
If Corporation or LL	C - Print State of Incorpora	ation/Organization	If (Corporation or LLC – Print S	itate of Incorporation/Orga	nization
		ORE THAN FOUR REGISTI		ONAL SHEET SHOWING C	WNER INFORMATION	
***				onne dheer bhornno e		
THIS BUSIN		ED BY: (Check one)			.	
🗆 an Individ		General Partnership		•	Limited Liability Co	• •
🗆 an Uninco	orporated Association	on other than a Partr	nership	a Corporation	⊡ a Trust	Copartners
a Married		it Venture 🛛 🖬 Stat	e or Local Registe	red Domestic Partne	ers 🛛 🗆 a Limited	Liability Partnership
			Ŭ			
**** The date rea	istrant commenced to	transact business und	er the fictitious busin	ess name or names lis	ted above on	N/A
The date reg	attant commenced to					't started to transact business)
	ld	leclare that all inf	ormation in this	statement is tru	e and correct.	
	(A registrant	who declares as true	information which	he or she knows to b	e false is guilty of a	crime.)
	• =					
EGISTRANT/CORP/LLC N	NAME (PRINT) JOHN				ESHC FARMER	
REGISTRANT SIGN	IATURE	1 Kingers	IF CORP OR L	LC, PRINT NAME		
Ecorporation al	lso print corporat	te title of officer. If	LLC also print	title of officer or n	nanager.	
	with this County Clork of I O	ANCELES on the date inc	ficated by the filed stamp.	in the unner daht corner		
	NOT MATH CHRONACION	(a) OF RECTION 17020 A	TOTITIONS NAME STAT	EMENT GENERALLY FYRI	IRES AT THE END OF FIN	E YEARS FROM THE DATE C
A HOULT MARCELLED IN		DUNTY CLERK, EXCEPT, A PURSUANT TO SECTION 1	C DDOV/IDED IN SERON	ISION IN OF SECTION 17	970 WHERE IT EXPIRES	40 DAYS AFTER ANY CHANC
F A REGISTERED OW	NER. A NEW FICTITIOUS	BUSINESS NAME STATE	MENT MUST BE FILED B	EFORE THE EXPIRATION.		
HE FILING OF THIS ST.	ATEMENT DOES NOT OF	EE SECTION 14411 ET SEC	USE IN THIS STATE OF D. BUSINESS AND PRO	FESSIONS CODE).	NAME IN VIOLATION OF	THE RIGHTS OF ANOTHER
I HEREBY CER	TIFY THAT THIS COP	Y IS A CORRECT CO	PY OF THE ORIGINA	L STATEMENT ON F	ILE IN MY OFFICE.	
						B
DEAN C LOI	GAN LOS ANGELES	COUNTY CLERK	BY:			, Deputy

Rev. 01/2013

P.O. BOX 1208, NORWALK, CA 90651-1208

PH: (562) 462-2177

WEB ADDRESS: LAVOTE.NET