

N19000008606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

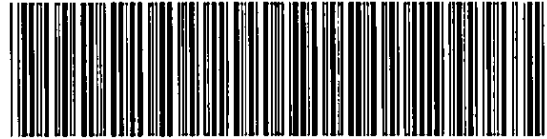
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

N19000067411

Office Use Only



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2019 SEP -3 PM 3:28  
Sec. of State  
TALLAHASSEE, FLORIDA

Y SCOTT  
SEP 07 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2019

CHRISTEN C. GARRETT  
1020 HUNTINGTON DRIVE  
SAN MARINO, CA 91108



SUBJECT: CASNER CONSOLIDATED, LLC  
Ref. Number: W19000067411

We have received your document for CASNER CONSOLIDATED, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 519A00015012

RECEIVED  
SEP 03 2019

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Casner Consolidated, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. California  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 95-3817946  
(FEI number, if applicable)

4. July 15, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1021 Huntington Drive  
(Street Address of Principal Office)

6. Scars  
(Mailing Address)

San Marino, CA 91108

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Judith Reyes  
(Registered agent's signature)

Judith Reyes  
Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Christen C Garrett</u>	<input type="checkbox"/> Manager	Name: <u>Leah Pison</u>
<input type="checkbox"/> Member	Address: <u>1020 Huntington Dr.</u>	<input type="checkbox"/> Member	Address: <u>1020 Huntington Dr.</u>
<input type="checkbox"/> Authorized	<u>Sean Martinez CH</u>	<input type="checkbox"/> Authorized	<u>Sean Martinez</u>
Person	<u>91108</u>	Person	<u>CA 91108</u>
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name: <u>Noah Garrett</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1020 Huntington Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Sean Martinez CH</u>	<input type="checkbox"/> Authorized	_____
Person	<u>91108</u>	Person	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: <u>Meg Garrett</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1020 Huntington Dr.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Sean Martinez CH</u>	<input type="checkbox"/> Authorized	_____
Person	<u>91108</u>	Person	_____
<input type="checkbox"/> Other		<input type="checkbox"/> Other	_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Signature of an authorized person

Noah Garrett  
Typed or printed name of signer



# State of California

Bill Jones  
Secretary of State

## LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form  
IMPORTANT - Read instructions before completing this form

199814010077

**FILED**  
In the office of the Secretary of State  
of the State of California

FEB 24 1999

*Bill Jones*  
BILL JONES, Secretary of State

This Space For Filing Use Only

1. Limited Liability Company Name:

CASCON, LLC.

2. Secretary of State File number:

101998140077 - 199814010077

3. Enter only the information in the Articles of Organization (LLC-1) amended by filing this Certificate of Amendment (LLC-2). Provide the text of the amendment adopted using the space provided and/or attaching one or more separate pages.

A. Amendment to text of the Articles of Organization:

B. Limited Liability Company Name: CASNER CONSOLIDATED, LLC.

C. Latest date on which the limited liability company is to dissolve: (Month/Day/Year) \_\_\_\_\_

D. The Limited Liability Company will be managed by (Check One):

☐ One Manager ☐ More Than One Manager ☐ Limited Liability Company Members

E. Any change in the events that will cause dissolution of the Limited Liability Company.

4. Number of pages attached, if any:

5. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

*Eva M. Casner*  
Signature of authorized person

EVA M. CASNER-Manager  
Type or print name and title of authorized person

Date: \_\_\_\_\_

6. RETURN TO:

NAME ☐ Edward S. Inouye, Esq.  
FIRM ☐ Law Offices of Edward S. Inouye  
ADDRESS ☐ 2601 Main Street, Suite 770  
CITY/STATE ☐ Irvine, CA 92614-6220  
ZIP CODE ☐

2019 SEP -3 PM 3:28  
TALLAHASSEE, FLORIDA



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

JUN 01 2019

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State



State of California  
Bill Jones  
Secretary of State

LLC-1

LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION

**IMPORTANT** - Read the instructions before completing the form.

This document is presented for filing pursuant to Section 17050 of the California Corporations Code.

1. Limited liability company name:

(End the name with "LLC" or "Limited Liability Company". No periods between the letters in "LLC". "Limited" and "Company" may be abbreviated to "Ltd." and "Co.")

CASCON, LLC

2. Latest date (month/day/year) on which the limited liability company is to dissolve:

June 1, 2050

3. 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 Beverly-Killea Limited Liability Company Act.

4. Enter the name of initial agent for service of process and check the appropriate provision below:

Christen Casner Garrett

☒ an individual residing in California. Proceed to Item 5.

☐ a corporation which has filed a certificate pursuant to Section 1505 of the California Corporations Code. Skip Item 5 and proceed to Item 6.

5. If the initial agent for service of process is an individual, enter a business or residential street address in California:

Street address: 1020 Huntington Drive

City: San Marino

State: CALIFORNIA

Zip Code: 91108

6. The limited liability company will be managed by: (check one)

☒ one manager

☐ more than one manager

☐ limited liability company members

7. If other matters are to be included in the Articles of Organization attach one or more separate pages.

Number of pages attached, if any:

8. It is hereby declared that I am the person who executed this instrument, which execution is my act and deed.

*Edward S. Inouye*

Signature of organizer

Edward S. Inouye, Esq.

Type or print name of organizer

Date: May 18, 1998

For Secretary of State Use

101998140077

**FILED**

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

MAY 20 1998

*Bill Jones*

BILL JONES, Secretary of State

2019 SEP -3 PM 3:29  
TALLAHASSEE, FLORIDA



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ page(s)  
is a full, true and correct copy of the  
original record in the custody of the  
California Secretary of State's office.

JUN 01 2019

Date: \_\_\_\_\_

*Alex Padilla*

ALEX PADILLA, Secretary of State



# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME: CASNER CONSOLIDATED, LLC.

FILE NUMBER: 199814010077  
FORMATION DATE: 05/20/1998  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 13, 2019.

ALEX PADILLA  
Secretary of State

SFE