

Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

202006510228

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions,

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

FILED Secretary of State State of California

FEB 2 4 2020

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California Franchise Tax Board each year. For more info	ormation, go	This Space For Office L	Jse Only					
1a. LLC Name (Enter the exact name of the LLC as listed on your attack	ned Certificate of Good Standi	ng.)						
SCHERWIN & ASSOCIATES, LLC								
1b. California Alternate Name, If Required (See Instructions –	Only enter an alternate name	if the LLC name in 1a not ava	ilable in California.)					
2. LLC History (See Instructions – Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)								
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Juris	iction (State, foreign country or place where this LLC is formed.) Delaware							
c. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct bus	iness in the state, foreig	n country or place entere	ed in Item 2b.					
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b cannot be a l	P.O. Box or "in care of" an indi	vidual or entity.)					
a. Street Address of Principal Executive Office - Do not enter a P.O. Box 6185 Magnolia Avenue, Suite 405	City (no abbreviations) Riverside	State CA	Zip Code 92506					
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo 6185 Magnolia Avenue, Suite 405	City (no abbreviations) Riverside	State CA	Zip Code 92506					
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code					

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b 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	Zip Code

CORPORATION – Complete Item 4c 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 4a or 4b Corporation Service Company Which Will Do Business In California As CSC - Lawyers Incorporating Service

5.	Read	and	Sign	Below	(See	Instructions.	Title not	required)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

David Brown, Member Type or Print Name Signature



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SCHERWIN & ASSOCIATES, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHERWIN & ASSOCIATES, LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

202006510228

at corp delaware gov/aut

Authentication: 202379436

Date: 02-13-20