



200920110065



State of California Secretary of State

LLC-1

File #

FILED

In the Office of the Secretary of State of the State of California

JUL 17 2009

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME OF LIMITED LIABILITY COMPANY
STANLEY FUNDING, LLC

PURPOSE (The following statement is required by statute and should not be altered.)

2. 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.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and item 3 must be completed (leave item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS
SHELDON S. BAKER

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
100 W. BROADWAY, SUITE 600 GLENDALE CA 91210

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

- ONE MANAGER (checked)
MORE THAN ONE MANAGER
ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

JULY 17, 2009
DATE

Handwritten signature of Timmy Mardirossian

SIGNATURE OF ORGANIZER

TIMMY MARDIROSSIAN
TYPE OR PRINT NAME OF ORGANIZER



State of California Secretary of State

L

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pkb

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California
FEB 13 2015

1. LIMITED LIABILITY COMPANY NAME

Stanley Funding, LLC.

2/12/15 PC
This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER **200920110065**

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley		91352
MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
P.O. BOX 30	Glendale		91209
STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352

Name and Complete Address of the Chief Executive Officer, if Any

NAME	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	P.O. BOX 30	Glendale		91209

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

NAME	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	P.O. BOX 30	Glendale		91209
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Timmy Mardirossian

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
7955 San Fernando Road Sun Valley CA 91352

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Real Estate

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

7/31/14 Timmy Mardirossian Owner
DATE TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM TITLE SIGNATURE



Secretary of State
Statement of Information
 (California Stock, Agricultural
 Cooperative and Foreign Corporations)

SI-550

17-055537

IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) – \$25.00;

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

Southland Transit, Inc.

FILED
Secretary of State
State of California
JUN 26 2017

26/25/PC
 This Space For Office Use Only

2. 7-Digit Secretary of State File Number

C2313654

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box 3650 Rockwell Avenue	City (no abbreviations) El Monte	State CA	Zip Code 91731
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ Timmy	First Name	Middle Name	Last Name Mardirossian	Suffix
Address 3650 Rockwell Avenue			City (no abbreviations) El Monte	State CA Zip Code 91731
b. Secretary Sedik	First Name	Middle Name	Last Name Mardirossian	Suffix
Address 3650 Rockwell Avenue			City (no abbreviations) El Monte	State CA Zip Code 91731
c. Chief Financial Officer/ Eda	First Name	Middle Name	Last Name Aghajanian	Suffix
Address 3650 Rockwell Avenue			City (no abbreviations) El Monte	State CA Zip Code 91731

5. Director(s)

California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name and address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

a. First Name Timmy	Middle Name	Last Name Mardirossian	Suffix
Address 3650 Rockwell Avenue			City (no abbreviations) El Monte State CA Zip Code 91731
b. Number of Vacancies on the Board of Directors, if any <input type="text"/>			

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

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Timmy	Middle Name	Last Name Mardirossian	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 3650 Rockwell Avenue	City (no abbreviations) El Monte		State CA Zip Code 91731

CORPORATION – Complete Item 6c 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 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation Transportation
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8. The Information contained herein, including in any attachments, is true and correct.

6/1/17

Timmy Mardirossian

President

Date

Type or Print Name of Person Completing the Form

Title

Timmy Mardirossian
 Signature



State of California Secretary of State

L

8

STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

MAR 05 2014

See Secretary of State's
records for exact entity name.

This Space For Filing Use Only

1. LIMITED LIABILITY COMPANY NAME
Mira Vista Investments Investments, LLC.

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER 201204510464	3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
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No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley		91352
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5	CITY	STATE	ZIP CODE
P.O. BOX 30	Glendale		91209
7. STREET ADDRESS OF CALIFORNIA OFFICE	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	P.O. BOX 30	Glendale		91209

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	P.O. BOX 30	Glendale		91209
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Timmy Mardirossian

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Real Estate

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

2/28/14	Timmy Mardirossian	Owner	
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

126

SI

**FILED
Secretary of State
State of California**

FEB 22 2016

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

Montrose Equities, Inc.

2. CALIFORNIA CORPORATE NUMBER

C3449646

26/25/PC

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

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Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	7955 San Fernando Road	Sun Valley	CA	91352
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	7955 San Fernando Road	Sun Valley	CA	91352
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	7955 San Fernando Road	Sun Valley	CA	91352

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	7955 San Fernando Road	Sun Valley	CA	91352
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

Timmy Mardirossian

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Real Estate

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

2/18/16

Timmy Mardirossian

President

Tim Mac

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



**State of California
Secretary of State**

118

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Secretary of State
State of California

SEP 19 2014

1. CORPORATE NAME

MTS Management, Inc.

2. CALIFORNIA CORPORATE NUMBER

C3421924

20/25/100

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

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Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
3650 Rockwell Ave.	El Monte	CA	91731
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
		CA	
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	3650 Rockwell Ave.	El Monte	CA	91731
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
Eda Aghajanian	3650 Rockwell Ave.	El Monte	CA	91731
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Sedik Mardirossian	3650 Rockwell Ave.	El Monte	CA	91731

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Timmy Mardirossian	3650 Rockwell Ave.	El Monte	CA	91731
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
Sedik Mardirossian	3650 Rockwell Ave.	El Monte	CA	91731
12. NAME	ADDRESS	CITY	STATE	ZIP CODE
Eda Aghajanian	3650 Rockwell Ave.	El Monte	CA	91731

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

Steven N. Neimand

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
24009 Ventura Blvd., Suite 245	Calabasas	CA	91302

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Management Services

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

09/02/2014 Timmy Mardirossian
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM

President *Timmy Mardirossian*
TITLE SIGNATURE



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEEs (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

3

FILED
Secretary of State
State of California

APR 01 2014

1. CORPORATE NAME

T&M Properties, Inc.

2. CALIFORNIA CORPORATE NUMBER

C3449892

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

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7955 San Fernando Road	Sun Valley	CA	91352
STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
7955 San Fernando Road	Sun Valley	CA	91352
MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE
P.O. BOX 30	Glendale	CA	91209

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

OFFICER TITLE	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ Timmy Mardirossian	P.O. BOX 30	Glendale	CA	91209
8. SECRETARY Timmy Mardirossian	P.O. Box 30	Glendale	CA	91209
9. CHIEF FINANCIAL OFFICER/ Timmy Mardirossian	P.O. Box 30	Glendale	CA	91209

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

NAME	ADDRESS	CITY	STATE	ZIP CODE
10. NAME Timmy Mardirossian	P.O. BOX 30	Glendale	CA	91209
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

Timmy Mardirossian

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

7955 San Fernando Road

CITY STATE ZIP CODE
CA 91352

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

Real Estate

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

2/28/14

Timmy Mardirossian

President

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

Timmy Mardirossian
SIGNATURE