MELISSA WILK, Alameda County Clerk-Recorder

1106 Madison Street, Oakland, CA 94607 Telephone: (510) 272-6362

Website: www.acgov.org

EXPIRED BY: SEP 2 2 2025

FILE NUMBER:

ENDORSED FILED ALAMEDA COUNTY

SEP 2 2 2020

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to Business and Professions Code Sections 17900-17930

PLEASE NOTE:

YOU WILL BE REQUIRED TO PRESENT A VALID GOVERNMENT ISSUED PHOTO ID TO FILE THIS STATEMENT IN PERSON.

TYPE OR PRINT LEGIBLY AND FIRMLY IN BLACK OR DARK BLUE INK ONLY

MELISSA By_	WILK.	County	Clark
Ву	6	B	Donut
	-	-	Deput

PLEASE READ	INSTRUCT	ONS ON F	BACK OF THIS	S FORM

(Do not write above this line)

6.** Street address of principal place of business 6050 Lowell Street, #214				Mailing Address, if different			
						Chata	710
City Oakland	State CA	^{Zip} 94608	County Alameda	City		State	Zip
***REGISTERED O	WNER(s): (If more than four	owners, attach	The Additional In	formation Form sh	nowing owner's information	on)	
1. Registrant/Corp/LLC				2. Registrant/Corp/LLC			
Ace Monste							
Residence Address 6050 Lowell	(P.O. Box not accepted) Street, #214			Residence Address (P.O. Box not accepted)			
City Oakland	St CA	ate Zip N 94	608	City		State	Zip
If Corporation or LL California	.C — Print State of Incorpora	tion/Organizat	ion	If Corporation or	LLC - Print State of Inc	orporation/O	rganization
3. Registrant/Corp/LLC			4. Registrant/Corp/LLC				
Residence Address (P.O. Box not accepted)			Residence Address (P.O. Box not accepted)				
City	St	ate Zip	P	City		State	Zip
If Corporation or LLC Print State of Incorporation/Organization			If Corporation or LLC – Print State of Incorporation/Organization				
D. ****THIS BUSIN	ESS IS CONDUCTED BY: (Ch	eck one)		Land of the land o			
☐ an Individual	Married Couple		local registered D	omestic Partners	☐ Co-partners		
☐ a Joint Venture	☐a General Partnership	a Limite	ed Liability Partners	ship	a Trust		
a Corporation	a Limited Partnership	☐ a Limite	ed Liability Compa	ny 🔲 an L	Inincorporated association	on other than a	partnership
	te the registrant first commer	red to transac	t business under th	ne fictitious business	s name or names listed a	bove.	N/A
z. *****Insert the da	te the registrant first common	icog to indiriodo			Insert N/A if you have	n't started to I	ransact busines
	I decla	re that all info	ormation in this	statement is true	and correct.		
A registrant	who declares as true any misdemeanor	material material material	ter pursuant to t by a fine not to e	his section that to exceed one thous	he registrant knows t and dollars (1,000).	o be false is	guilty of a
Ţ.	- 1 0	0					1
		rint name and	litle of officer. If Li	C, print name and	title of officer or manage	r.)	
	(2.4.0	to	ecl()				
F. *******Registrant (Print name) Régistrant Signatur	Rachel SAD (Corporation, p	orint name and	Title title of officer. If LI	President	title of officer or manage	r.)	

NOTICE: In accordance with subdivision (a) of Section 17920, a fictitious name statement generally expires at the end of five years from the date on which it was filed in the office of the county clerk, except, as provided in subdivision (b) of section 17920, where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new fictitious business name statement must be filed before the expiration. The filing of this statement does not of Itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state, or common law (see Section 14411 et seq., Business and Professions Code). COMMON IAW (SEE SECTION 14411 of Seq., Education Seq.) Substitute (Sectified) Pink Copy - Newspaper Copy Goldenrod Copy - Registrant's Copy White - Clerk's Copy Yellow Copy - Bank & other Required Needs (Certified)