

YOUR RETURN MAILING ADDRESS

NAME: SUSAN ANN SMITH

ADDRESS: 133 MAIN ST.

CITY: ANYWHERE

STATE: CA

ZIP CODE: 12345

LOS ANGELES
REGISTRAR-RECORDER/ COUNTY CLERK

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
 - New (Amended) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
 - Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
- \$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. SMOOTH SAILING RENTALS

2.

Print Fictitious Business Name(s)

** 133 MAIN ST.

P.O. BOX 100

Street address of principal place of business

Mailing address if different

ANYWHERE

CA

12345

ANY COUNTY

ANYWHERE

CA

12345

City

State

Zip

COUNTY

City

State

Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON

*** REGISTERED OWNER(S):

1. SUSAN ANN SMITH

Full Name/Corp/LLC (P.O. Box not accepted)

246 OAK ST.

Residence Address

ANYWHERE

CA

12345

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

2. BARRY CHASE

Full Name/Corp/LLC (P.O. Box not accepted)

110 CORPORATE BLVD.

Residence Address

ANYWHERE

CA

12345

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

3.

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

4.

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

**** THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
- a General Partnership
- a Limited Partnership
- a Limited Liability Company
- an Unincorporated Association other than a Partnership
- a Corporation
- a Trust
- Copartners
- a Married Couple
- Joint Venture
- State or Local Registered Domestic Partners
- a Limited Liability Partnership

***** The date registrant commenced to transact business under the fictitious business name or names listed above on 3/1/2009

(Insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.
(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT/CORP/LLC NAME (PRINT) SUSAN ANN SMITH TITLE OWNER

REGISTRANT SIGNATURE Susan Smith IF CORP OR LLC, PRINT NAME _____

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

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).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

BY: _____, Deputy

YOUR RETURN MAILING ADDRESS

NAME: BARRY CHASE

ADDRESS: 133 MAIN ST.

CITY: ANYWHERE

STATE: CA

ZIP CODE: 12345

LOS ANGELES
REGISTRAR-RECORDER/ COUNTY CLERK

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P.O. BOX 100

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Mailing address if different

ANYWHERE

CA

12345

ANY COUNTY

ANYWHERE

CA

12345

City

State

Zip

COUNTY

City

State

Zip

Articles of Incorporation or Organization Number (if applicable): AI #ON _____

*** REGISTERED OWNER(S):

1. LONG CORPORATION

Full Name/Corp/LLC (P.O. Box not accepted)

246 OAK ST.

Residence Address

ANYWHERE

CA

12345

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

2. BEACH LLC

Full Name/Corp/LLC (P.O. Box not accepted)

110 CORPORATE BLVD.

Residence Address

ANYWHERE

CA

12345

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

3.

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

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REGISTRANT/CORP/LLC NAME (PRINT) BARRY CHASE TITLE CEO OF LONG CORPORATION, GENERAL PARTNER

REGISTRANT SIGNATURE Barry Chase IF CORP OR LLC, PRINT NAME _____

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BY: _____, Deputy