SECRETARY OF STATE  
STATEMENT OF INFORMATION  
(Limited Liability Company)  

IMPORTANT — Read instructions before completing this form.  

Filing Fee — $20.00  
Copy Fees — First page $1.00; each attachment page $0.50;  
Certification Fee - $5.00 plus copy fees  

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)  
ARY TRADEMARKS LLC  

2. 12-Digit Secretary of State File Number  
20200810607  
3. State, Foreign Country or Place of Organization (only if formed outside of California)  
CALIFORNIA  

4. Business Addresses  
a. Street Address of Principal Office - Do not list a P.O. Box  
10960 Wilshire Blvd., 5th Fl  
City (no abbreviations)  
Los Angeles  
State  
CA  
Zip Code  
90024  
b. Mailing Address of LLC, if different than Item 4a  
10960 Wilshire Blvd., 5th Fl  
City (no abbreviations)  
Los Angeles  
State  
CA  
Zip Code  
90024  
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box  
10960 Wilshire Blvd., 5th Fl  
City (no abbreviations)  
Los Angeles  
State  
CA  
Zip Code  
90024  

5. Manager(s) or Member(s)  
a. First Name, if an individual - Do not complete Item 5b  
André  
Middle Name  
R  
Last Name  
Young  
Suffix  
b. Entity Name - Do not complete Item 5a  
c. Address  
10960 Wilshire Blvd., 5th Fl  
City (no abbreviations)  
Los Angeles  
State  
CA  
Zip Code  
90024  

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)  
Howard  
Middle Name  
Last Name  
King  
Suffix  
b. Street Address (If agent is not a corporation) - Do not enter a P.O. Box  
1900 Ave of the Stars, 25th Fl  
City (no abbreviations)  
Los Angeles  
State  
CA  
Zip Code  
90067  

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  
a. Describe the type of business or services of the Limited Liability Company  
asset management company  

8. Chief Executive Officer, if elected or appointed  
a. First Name  
Middle Name  
Last Name  
Suffix  
b. Address  
City (no abbreviations)  
State  
Zip Code  

9. The information contained herein, including any attachments, is true and correct.  

04/30/2020  
Lisa Marie Meir  
Authorized Person  

Date  
Type or Print Name of Person Completing the Form  
Title  
Signature  

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)  

Name:  
Company:  
Address:  
City/State/Zip:  

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