



# Secretary of State

## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** FITA PARTNERS, LLC  
**Entity No.:** 200727410080  
**Registration Date:** 09/28/2007  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of June 12, 2024.

**SHIRLEY N. WEBER, PH.D.**  
**Secretary of State**

**Certificate No.:** 219370834

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

**CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE**

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

**BUSINESS TAX**

ISSUED: 7/20/2009

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002448632-0001-2	L044	Retail Sales	09/28/2007	Active

ISSUED TO

FITA PARTNERS LLC  
KINDLE LIVING2048 ARMACOST AVENUE FLOOR #1ST  
LOS ANGELES, CA 90025-61132048 ARMACOST AVENUE FLOOR #1ST  
LOS ANGELES, CA 90025-6113

ISSUED BY:

*Antoinette D. Christavalle*

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS  
FORM 2000 (rev. 6/01) IMPORTANT - READ REVERSE SIDE

P.O. BOX 53200, LOS ANGELES CA 90053-0200

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

**CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE**

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

**BUSINESS TAX**

ISSUED: 1/31/2012

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002448632-0001-2	L042	Wholesale Sales	01/01/2011	Active

ISSUED TO

FITA PARTNERS LLC  
KINDLE LIVING2048 ARMACOST AVENUE FLOOR #1ST  
LOS ANGELES, CA 90025-61132048 ARMACOST AVENUE FLOOR #1ST  
LOS ANGELES, CA 90025-6113

ISSUED BY:

*Antoinette D. Christavalle*

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS  
FORM 2000 (rev. 6/01) IMPORTANT - READ REVERSE SIDE

P.O. BOX 53200, LOS ANGELES CA 90053-0200

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS

**CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE**

THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED

**BUSINESS TAX**

ISSUED: 1/31/2012

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002448632-0001-2	L046	Prop/Coll/Sport/Vend/Freight	01/01/2011	Active

ISSUED TO

FITA PARTNERS LLC  
KINDLE LIVING2048 ARMACOST AVENUE FLOOR #1ST  
LOS ANGELES, CA 90025-61132048 ARMACOST AVENUE FLOOR #1ST  
LOS ANGELES, CA 90025-6113

ISSUED BY:

*Antoinette D. Christavalle*

DIRECTOR OF FINANCE

NOTIFY THE OFFICE OF FINANCE IN WRITING OF ANY CHANGE IN OWNERSHIP OR ADDRESS  
FORM 2000 (rev. 6/01) IMPORTANT - READ REVERSE SIDE

P.O. BOX 53200, LOS ANGELES CA 90053-0200

YOUR RETURN MAILING ADDRESS

NAME: FITA PARTNERS, LLC

ADDRESS: 2048 ARMACOST AVE.

CITY: LOS ANGELES

STATE: CA ZIP CODE: 90025

2015 082105

FILED EXPIRES  
Mar 26 2015 Mar 26 2020

Dean C. Logan, Registrar - Recorder/County Clerk

Electronically signed by TODD TRAN

## FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

☒ Original- \$26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)

☐ Amended (New) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)

☐ Refile- \$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)

\$6.00 - FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION \$6.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

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

\*1. KINDLE LIVING

2.

Print Fictitious Business Name(s)

\*\* 2048 ARMACOST AVE.

Street address of principal place of business

Mailing address if different

LOS ANGELES CA 90025 LA COUNTY

City State Zip COUNTY City State Zip

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

\*\*\*REGISTERED OWNER(S):

1. FITA PARTNERS, LLC

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

2048 ARMACOST AVE.

Residence Address

LOS ANGELES CA 90025

City State Zip

CA

If Corporation or LLC - Print State of Incorporation/Organization

2.

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

Residence Address

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 started to transact business under the fictitious business name or names listed above: 03/12/2015

(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 any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

REGISTRANT(S)/CORP/LLCNAME (PRINT) FITA PARTNERS, LLC

TITLE MANAGING DIRECTOR

REGISTRANT SIGNATURE

IF CORP OR LLC, PRINT NAME DAVID TANNENBAUM

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. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

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

Rev. 01/2014

P.O. BOX 1208, NORWALK, CA 90651-1208

PH: (562) 462-2177

WEB ADDRESS: LAVOTE.NET

This is a true and certified copy of the record  
if it bears the seal, imprinted in purple ink,  
of the Registrar-Recorder/County Clerk

MAR 26 2015

*Deane C. Logg* REGISTRAR-RECORDER/COUNTY CLERK  
LOS ANGELES COUNTY, CALIFORNIA

