



Secretary of State
Business Programs Division

1500 11th Street, 3rd Floor
P.O. Box 944260
Sacramento, CA 94244-2600

Certification and Records
(916) 657-5448

LIMITED LIABILITY COMPANY STATUS INQUIRY

In response to your recent request, enclosed is a screen print of the entity record or a screen print of a list of names indicating this office has no record of the entity. Please refer to the reverse side of this notice for an example of a screen print of an entity record and below for an explanation of the information contained in the screen print.

1. **FILE NUMBER** - The number assigned to an entity by the Secretary of State (SOS) at the time of filing.
2. **DATE** - The formation date of a California entity, the qualification or registration date of a foreign (out-of-state or out-of-country) entity doing business in California or the date an entity converted from another type of entity.
3. **STATUS** – The status code for an entity, described as follows:
 - **A** Active. A *California entity* is authorized to exercise all of its powers, rights and privileges in the State of California or a *foreign entity* is authorized to transact intrastate business in the State of California.
 - **B** Dishonored check. An entity's formation or registration filing was cancelled because the financial institution did not honor the remittance submitted as payment for the filing fee.
 - **C** Cancelled. An entity filed termination documents terminating a *California entity's* powers, rights and privileges or terminating a *foreign entity's* authority to transact intrastate business in California.
 - **D** Dissolved. An entity is still active but has voluntarily elected to wind up the business operations.
 - **F** FTB Suspended or FTB Forfeited. A *California entity's* powers, rights and privileges were suspended or a *foreign entity's* authority to transact intrastate business in California was forfeited by the Franchise Tax Board for failure to file a return and/or failure to pay taxes, penalties, or interest.
 - **M** Merged Out. An entity merged out of existence (in California) into another entity.
 - **O** Converted Out. An entity converted to another type of entity as provided by California statutes.
 - **P** Pending Cancellation. An entity filed a Certificate of Cancellation without a valid Tax Clearance Certificate prior to September 29, 2006 when the requirement for a Tax Clearance Certificate was eliminated from statute. To complete the cancellation process, the entity must file a final cancellation document pursuant to the revised statutes.
 - **S** SOS Suspended or SOS Forfeited. A *California entity's* powers, rights and privileges were suspended or a *foreign entity's* authority to transact intrastate business in California was forfeited by the SOS for failure to file the required Statement of Information.
 - **2** SOS/FTB Suspended or SOS/FTB Forfeited. A *California entity's* powers, rights and privileges were suspended or a *foreign entity's* authority to transact intrastate business in California was forfeited 1) by the SOS for failure to file the required Statement of Information; and 2) by the Franchise Tax Board for failure to file a return and/or failure to pay taxes, penalties, or interest.
4. **TYPE** – Domestic (California) or Foreign (out-of-state or out-of-country) entity.
5. **CALIF NAME** – The entity name as formed or registered in California.
6. **FOREIGN NAME** (not applicable to domestic entities) – The entity name as filed in the state or country of jurisdiction.
7. **LLC JURISDICTION** – The state in which the entity was organized.
8. **EXEC OFFICE ADDRESS** – The address of the entity's principal executive office.
9. **CALIF OFFICE ADDRESS** – The address of the entity's office in California, if any.
10. **AGENT NAME** – The name of the designated agent for service of process.
11. **AGENT ADDRESS** - The address of the designated agent for service of process. If the agent for service of process is a corporation, the address will be blank and a 1505 Agent File printout with the address of the agent will be included.
12. **NO. OF AMENDS** – The number of history record amendments for the entity.
13. **TOTAL PAGES** – The total number of pages contained in all documents filed with the SOS for the entity.
14. **LLC MGMT CODE** - Management structure (A -all members; S -single member; M -more than 1 manager; 1 -1 manager).
15. **BUSINESS TYPE** – The type of business in which the entity is engaged.
16. **GP/MGR/MEMB** - The name(s) of up to three of the entity's members or managers.
17. **GP/MGR/MEMB ADDRESS** - The address(es) of up to three of the entity's members or managers.
18. **MORE GP/MGR/MEMBS** – The number of additional managers or members of record or there are "no" more managers or members of record.

(PLEASE SEE REVERSE)

SSLPHMO VIEW A LIMITED LIABILITY RECORD
FILE NUMBER: 200727110114 DATE: 09/27/07 STATUS: A TYPE: DOMESTIC
CALIF NAME: BEACHWAY LLC

FOREIGN NAME:

ELEC: LLC JURISDICTION: CA
EXEC OFFICE ADDRESS: 1655 BEACH PARK BLVD
EXEC OFFICE CITY: FOSTER CITY STATE/CNTRY: CA ZIP CODE: 94404

CALIF OFFICE ADDRESS: 1655 BEACH PARK BLVD
CALIF OFFICE CITY: FOSTER CITY ZIP CODE: 94404

ORIG NUMBER: ORIG DATE: ORIG COUNTY:

AGENT NAME: ALBERT MAC ROGERS JR
AGENT ADDRESS: 6051 BELLINGHAM DR

AGENT CITY: CASTRO VALLEY STATE: CA ZIP CODE: 94552

TERM/LP: NO. OF AMENDS: 3 TOTAL PAGES 4
LLC MGMT CODE: A BUSINESS TYPE: REAL ESTATE INVESTMENT

GP/MGR/MEMB: ANTONIO MARIANO C ALMEDA

GP/MGR/MEMB ADDRESS: 1655 BEACH PARK BLVD
GP/MGR/MEMB CITY: FOSTER CITY STATE: CA ZIP CODE: 94404

GP/MGR/MEMB:

GP/MGR/MEMB ADDRESS:
GP/MGR/MEMB CITY: STATE: ZIP CODE:

GP/MGR/MEMB:

GP/MGR/MEMB ADDRESS:
GP/MGR/MEMB CITY: STATE: ZIP CODE:

THERE ARE NO MORE GP/MGR/MEMBS

PF2=MODIFY REC PF3=AMEND REC PF9=AMENDMENT HISTORY
CLEAR=MAIN MENU



State of California
Secretary of State

LLC-1

File # 200727110114

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

FILED
in the office of the Secretary of State
of the State of California

SEP 27 2007

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

Beachway 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

Paracorp Incorporated

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

CA

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

ONE MANAGER

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.

September 27, 2007
DATE

Jeffrey S. Allen
SIGNATURE OF ORGANIZER

Jeffrey S. Allen
TYPE OR PRINT NAME OF ORGANIZER



**State of California
Secretary of State**

RA-100

FILED
In the Office of the Secretary of State
of the State of California
AUG 29 2008

**RESIGNATION OF AGENT
UPON WHOM PROCESS MAY BE SERVED**

There is no fee for filing this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

ENTITY TYPE (Identify the type of business from which you are resigning as agent for service of process. Check only one box.)

- | | |
|--|--|
| <input type="checkbox"/> CORPORATION (domestic or qualified foreign) | <input type="checkbox"/> REGISTERED GENERAL PARTNERSHIP |
| <input checked="" type="checkbox"/> LIMITED LIABILITY COMPANY (domestic or registered foreign) | <input type="checkbox"/> UNINCORPORATED ASSOCIATION |
| <input type="checkbox"/> LIMITED PARTNERSHIP (domestic or registered foreign) | <input type="checkbox"/> FOREIGN PARTNERSHIP
(other than a foreign limited partnership) |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (domestic or registered foreign) | <input type="checkbox"/> FOREIGN ASSOCIATION |

ENTITY NAME (Enter the name of the entity from whom you are resigning as agent for service of process.)

2. BEACHWAY LLC

ENTITY FILE NUMBER (Enter the file number issued to the above-named entity by the Secretary of State.)

3. 200727110114

JURISDICTION (Enter the jurisdiction (state or country) under which the above-named entity was organized.)

4. CALIFORNIA

STATEMENT OF RESIGNATION (The following statement declares intent to resign as agent for service of process and should not be altered.)

5. THE UNDERSIGNED HEREBY RESIGNS AS AGENT UPON WHOM PROCESS MAY BE SERVED IN CALIFORNIA FOR THE ABOVE-NAMED ENTITY.

EXECUTION

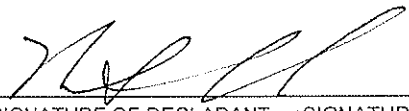
6. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

8/27/2008

DATE

PARACORP INCORPORATED (C1082536)

TYPE OR PRINT NAME OF DECLARANT (i.e., the individual or corporation resigning as agent for service of process for the above-named entity)


SIGNATURE OF DECLARANT or SIGNATURE OF AUTHORIZED REPRESENTATIVE OF DECLARANT (if declarant is a corporation)

ASSISTANT SECRETARY

TITLE OF OFFICE OF AUTHORIZED REPRESENTATIVE OF DECLARANT (if declarant is a corporation)



State of California Secretary of State

L

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STATEMENT OF INFORMATION (Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Beachway LLC

FILED
in the office of the Secretary of State
of the State of California

OCT 06 2009

ec This Space For Filing Use Only

DUE DATE:

FILE NUMBER AND STATE OR PLACE OF ORGANIZATION

2. SECRETARY OF STATE FILE NUMBER

200727110114

3. STATE OR PLACE OF ORGANIZATION

California

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 AND STATE

ZIP CODE

1655 Beach Park Boulevard

Foster City, California

94404

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

CITY

STATE

ZIP CODE

1655 Beach Park Boulevard

Foster City,

CA

94404

NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OFFICER, IF ANY

6. NAME

ADDRESS

CITY AND STATE

ZIP CODE

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.)

7. NAME

ADDRESS

CITY AND STATE

ZIP CODE

Antonio Mariano C. Almeda 1655 Beach Park Boulevard

Foster City, California

94404

8. NAME

ADDRESS

CITY AND STATE

ZIP CODE

9. NAME

ADDRESS

CITY AND STATE

ZIP CODE

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California address. 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 11 must be left blank.)

10. NAME OF AGENT FOR SERVICE OF PROCESS

Albert Mac Rogers, Jr.

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

CITY

STATE

ZIP CODE

6051 Bellingham Drive

Castro Valley

CA

94552

TYPE OF BUSINESS

12. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Real Estate Investment

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Antonio Mariano C. Almeda

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

Antonio Mariano C. Almeda

SIGNATURE

Managing Member

TITLE

09/24/09

DATE