



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

133

18-713614

FILED
Secretary of State
State of California

JUN 26 2018

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

NE This Space For Office Use Only

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

STRIKE 3 HOLDINGS, LLC

2. 12-Digit Secretary of State File Number

201812410277

3. State, Foreign Country or Place of Organization (only if formed outside of California)

DE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

2140 S DUPONT HWY

City (no abbreviations)

CAMDEN

State

DE

Zip Code

19934

b. Mailing Address of LLC, if different than item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete items 5a and 5c (leave item 5b blank). If the manager/member is an entity, complete items 5b and 5c (leave item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete item 5b

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete item 5a

GENERAL MEDIA SYSTEMS, LLC

c. Address

2140 S. DUPONT HWY

City (no abbreviations)

CAMDEN

State

DE

Zip Code

19934

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)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State

CA

Zip Code

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

PARACORP INCORPORATED C1082536

7. Type of Business

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

Intellectual property and media content 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.

05/18/2018

Date

EMILIE KENNEDY

Type or Print Name of Person Completing the Form

Attorney

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: **Julia Greenber-Aguilar**

Company: **MyUSAcorporation.com**

Address: **1 Radisson Plaza, Ste.800**

City/State/Zip: **New Rochelle, NY 10801**