

FILED Secretary of State
State of California

MAR 08 2017

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IMPORTANT — Read instructions before completing this form.

Filing Fee - \$100.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

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ARTS-GS

The name of the corporation is Vista Development E	Interprises, Inc.				Germania, ya da kata da kata a sa	
2. Business Addresses (Enter the complete business addresses)	sses.)		•			
a. Initial Street Address of Corporation - Do not list a P.O. Box	City (no abbreviations)		State	Zip Co	de	
1715 Greenhills Ct.	Lafayette			9454	9	
b. Initial Mailing Address of Corporation, If different than item 2a	City (no abbreviations)		State	g Zip Code		
3. Agent for Service of Process tem 3c: If naming a Cabe on file with the Californ	ng an Individual, the agent must it's name and complete Californi alifornia Registered Corporate A rnia Secretary of State and Item	a street address. gent, a current ager ic must be complete	nt registra	tion certif	icate mus	
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix	
Scot		Candell				
b. Street Address (If agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)		State	Zip Code		
4040 Civic Center Dr. Ste. 219	San Rafael	San Rafael			94903	
California Registered Corporate Agent's Name (if agent is a corporation) 4. Shares (Enter the number of shares the corporation is authorized)	·	or enter zero (0).)		·	**************************************	
This corporation is authorized to issue only one class of The total number of shares which this corporation is auth		1500)		*	
5. Purpose Statement (Do not after the Purpose Statement.)						
The purpose of the corporation is to engage in any law under the General Corporation Law of California other t practice of a profession permitted to be incorporated by t	than the banking business	, the trust comp				
6. Read and Sign Below (This form must be signed by each		· •	oquireme	nts.)		
	Scot Cande					
Signature /	Type or Print	Name				
RTS-GS (REV 12/2016)			2016 Califon			



Secretary of State Statement of Information

(California Stock, Agricultural Cooperative and Foreign Corporations)



IMPORTANT — Read instructions before completing this form.

Fees (Filing plus Disclosure) - \$25.00;

SI-550

Secretary of State State of California

	\$1.00; each attachment pn Fee - \$5.00 plus copy f	JUN 0 2 2017						
Corporation Name (Enter California Secretary of State)	r the exact name of the corporation	n as it is currently recorded with the	NF	This Space Fo	or Office Use O	nly		
VISTA DEVELOPMENT	ENTERPRISES, INC.	2. 7-Digit	2. 7-Digit Secretary of State File Number					
		C3998693						
3. Business Addresses			<u> </u>					
	cutive Office - Do not list a P.O. Bo	×	City (no abbre	State	Zip Cod			
12376 Davis Ave	If different than item 70	Hayward		C.A	94545			
b.Mailing Address of Corporation,	ir dinerent than item 3a		City (no abbre	viations)	Stare	Zip Cod	е	
c. Street Address of Principal Cali	fornia Office, if any and if different	City (no abbre	viations)	State CA	Zip Code			
4. Officers		ed to list all three of the officers set				Officer ar	nd Chief	
a. Chief Executive Officer/	First Name	Middle Name		_{Name} Idenberg			Suffix	
Address 12376 Davis Ave	The second particular and the second		City (no abbre	viations)	State CA	Zip Cod 945 4		
b. Secretary Igor	First Name	Middle Name		_{Name} denberg			Suffix	
Address 2376 Davis Ave		навальны — а . э. Турен становической положен положен в сестем в сестем в сестем в сестем в сестем в сестем в с	City (no abbre Hayward	viations)	State CA	Zip Cod 9454		
c. Chief Financial Officer/ Igor			Last I Gol		Suffix			
Address 2376 Davis Ave			City (no abbre	viations)	State CA	Zip Cod 9454		
5. Director(s)		cultural Cooperative Corporations (st be liste	d. If the	
a. First Name Igor	_			Last Name Goldenberg			Suffix	
Address 2376 Davis Ave		· · · · · · · · · · · · · · · · · · ·	City (no abbre	viations)	State CA	Zip Cod 9454		
b. Number of Vacancies on the Bo	ard of Directors, if any		<u> </u>					
Agent for Service of Process	agent's name and Californ	gent is an individual, the agent municial address. Item 6c: If the agent with the California Secretary of State	is a California R	egistered Corporate	Agent, a current	agent reg		
a. California Agent's First Name (il Igor		Middle Name	Last	Name denberg			Suffix	
	corporation) - Do not list a P.O. E	City (no abbreviations) Hayward State Zip C4 94						
·	Agent's Name (if agent is a corpor	ation) - Do not complete item 6a or 6b						

Describe the type of business or services of the Corporation Health

8. The Information contained herein, including in any attachments, is true and correct.

5/30/2017 Date

Type or Print Name of Person Completing the Form

Preparer

Title

2016 California Secretary of State www.sos.ca.gov/business/be