NAME: JEFFLEY BLACKWELL
ADDRESS: 15425 Sherman Way #141
CITY: LAKE Balboa STATE: CA

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK

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

Rev. 01/2014

STATE: CA ZIP CODE: 91406



Dean C. Logan, Registrar – Recorder/County Clerk

Electronically signed by ESTRELLIETA POLICARPIO

WEB ADDRESS: LAVOTE.NET

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING	G AND FILIN	G FEE (Check one)		
Original- \$28.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)				1 1 1
D. New (Amended) Filing- \$26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRE:	S PUBLICATION	ON)		
Refile-\$26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING) \$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINI	IESS AT THE S	SAME LOCATION \$5.00	- FOR EACH ADDITIONAL OWNER	IN EXCESS OF ONE OWNER
\$8.00- FOR EACH ADDITIONAL BUSINESS NAME FIELD ON COMMISSION The following person	on(s) is (a	re) doing busin	ess as:	
acc at the territory person		, .		a et et
*1. Affordable Insulance & Tax Solutio	2475			
15425 Sheeman Way #141	ctitious Busine	ess Name(s)	20	
86 13703 DILEIVII W.		Mailing	address if different	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Street address of principal place of business	relec	(Vicinity)	addiosa ii aiiioreiii	3
LARE BRIDOR CA 91406 LOSPINO	v	City	State	Zip
City State Zip COONT	•			
Articles of Incorporation or Organization Number (if applicable): Al #ON		and the second second second second second second	and the same of th	
144				
*** REGISTERED OWNER(S):	2.			
1. JEffey Allen Blackwell Full Name/Corp/LLC (P.O. Box not accepted) 15425 Sheeman Way 4141	E	Il Name/Corp/LLC (P.C	. Box not accepted)	Market Dr. Land of the Control of th
Full Name/Corp/LLC (P.O. Box not accepted)	1 0	ii (tameroorpraas (
15425 Sherman Way A141	Re	sidence Address		And the second s
Residence Address LAKE Balbert PA 91406				
City State Zip	Cit	y	State	Zip
City				Commence of the Commence of th
If Corporation or LLC - Print State of Incorporation/Organization	lf (Corporation or LLC - P	rint State of Incorporation/Organiza	ation
	4.			
3		III Name/Corp/LLC (P.0	D. Box not accepted)	
Full Name/Corp/LLC (P.O. Box not accepted)				
Residence Address	Re	esidence Address		A STATE OF THE PARTY OF THE PAR
Vesidelice variation				
City State Zip	Ci	ity	State	Zip
** see				Construction of the Constr
If Corporation or LLC - Print State of Incorporation/Organization 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	a Limited I	Partnership	□ a Limited Liability Con	
an Unincorporated Association other than a Partnership		□ a Corporatio	n 🕝 a Trust	□ Copartners
□ a Married Couple □ Joint Venture □ State or Loc	cal Registe	ered Domestic P	artners 🗆 a Limited L	iability Partnership
***** The date registrant commenced to transact business under the fict	titious busir	ness name or nam	es listed above on	MA
			(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 misdemea	pursuant mor nunic	to section 179	not to exceed one thou	rolessions Code that
		situate by a title	not to exceed one file	23ana aonara (41,000/).
REGISTRANT/CORP/LLC NAME (PRINT) FRAFREY BLACKWELL	1	a arishte. Illia	owner	
REGISTRANTICORPILLO NAME (PRINT)		TITLE		
REGISTRANT SIGNATURE	CORP OR I	LC. PRINT NAME		
-/ / /				
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 comer.				
NOTICE - IN ACCORDANCE WITH SUBDIVISION (s) OF SECTION 17920, A FICTITIOUS NAME STATEMENT CENERALLY EXPIRES AT THE FINANCE STATEMENT				
WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHE				
FIGHTIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION	N. EFFECTI	VE JANUARY 1, 2014	THE FICTICIOUS BUSINESS NA	ERED OWNER. A NEW ME STATEMENT MUST BE
ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.				
THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THI UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINE	IS STATE OF	A FICTITIOUS BUSIN	IESS NAME IN VIOLATION OF TH	HE RIGHTS OF ANOTHER
I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF TH	HE ORIGIN	AL STATEMENT	ON FILE IN MY OFFICE	

PH: (562) 462-2177

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

OCT 2 1 2014

Deauc Logen REGISTRAR RECORDERICOUNTY CLERK LOS ANGELES COUNTY, CALIFORNIA