



State of Rhode Island  
**Department of State - Business Services Division**

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2021 NOV 15 PM 12:02

**Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:

1. The name of the limited liability partnership is:  The Faniculated Consortium, LLP		
2. The address of the principal office is:		
Street Address 840 N. Lima Street		
City/Town Burbank	State CA	Zip Code 91505
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name Christian F. Capizzo, Esq.		
Street Address (NOT a P.O. Box) Partridge Snow & Hahn, LLP 40 Westminster St., Ste. 1100		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
4. The name and address of all resident partners is.		
NAME	ADDRESS	
Check this box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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BY J. D. [Signature]

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 FORM 506 - Revised 10/16/2021

5. List the place where the business records of the partnership are maintained, or, if more than one location for business records is maintained, list the principal place of business of the partnership.

Street Address: 840 N. Lima Street

City/Town: Burbank State: CA Zip Code: 91505

6. A brief statement of the business in which the partnership is engaged in.

Real estate acquisition, development, investment, management and holdings and all other business activities permitted under the Act.

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type of Firm Name of Partner: Michael Crowell Date: 11.9.2021

Signature of Resident Partner: [Handwritten Signature]

Type of Firm Name of Partner: Hannah Jane Spicer Date: 11.9.2021

Signature of Resident Partner: [Handwritten Signature]

Type of Firm Name of Partner: [Blank] Date: [Blank]

Signature of Resident Partner: [Blank]



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

November 15, 2021 12:02 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

