

YOUR RETURN MAILING ADDRESS

NAME: AVA DE FONTENELLE

ADDRESS: 27545 ENDEAVOR

CITY: AGOURA HILLS

STATE: CA

ZIP CODE: 91301

2023209530



FILED
9/25/2023

EXPIRES
9/25/2028

DEAN C. LOGAN, REGISTRAR-RECORDER/COUNTY CLERK

Electronically signed by SHAMEKA MELTON

FICTITIOUS BUSINESS NAME STATEMENT

The following person(s) is (are) doing business as:

1. MELBA'S BOUTIQUE

Fictitious Business Name(s)

1229 SANTEE STREET

Street address of principal place of business

LOS ANGELES CA

90015

LOS ANGELES

Mailing address if different

City State Zip

COUNTY

City

State

Zip

Articles of Incorporation or Organization Number (if applicable): AI #/ON _____

REGISTERED OWNER(S):

1. AVA DEFONTENELLE

Full Name/Corp/LLC (P.O. Box not accepted) If Corp/LLC must be registered in CA

1229 SANTEE STREET

Residence Address (if Corp. or LLC enter the physical address of the Corp./LLC)

LOS ANGELES

CA

90015

City

State

Zip

Full Name/Corp/LLC (P.O. Box not accepted)

Residence Address

City

State

Zip

If Corporation or LLC - Print State of Incorporation/Organization

If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN TWO REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

THIS BUSINESS IS CONDUCTED BY: (Check one)

- an Individual
- a General Partnership
- a Limited Partnership
- a Limited Liability Company
- an Unincorporated Association other than a Partnership
- a Corporation
- a Trust
- Copartners
- a Married Couple
- Joint Venture
- State or Local Registered Domestic Partners
- a Limited Liability Partnership

The date registrant commenced to transact business under the fictitious business name or names listed above on 09/2023
(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 misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000)).

REGISTRANT/CORP/LLC NAME (PRINT) AVA DEFONTENELLE

TITLE OWNER

REGISTRANT SIGNATURE

IF CORP OR LLC, 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 corner.

NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. EFFECTIVE JANUARY 1, 2014, THE FICTITIOUS BUSINESS NAME STATEMENT MUST BE ACCOMPANIED BY THE AFFIDAVIT OF IDENTITY FORM.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE)

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

VERIFIABLE BY GOING TO LAVOTE.GOV/FBN/CERTIFY TO SEARCH BY COPY NUMBER 3000049509

BY: SHAMEKA MELTON, Deputy