



**Secretary of State
Statement of Information
(Limited Liability Company)**

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LLC-12

17-425403

FILED
Secretary of State
State of California

FEB 27 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

**Copy Fees – Face Page \$1.00 & .50 for each attachment page;
Certification Fee - \$5.00**

This Space For Office Use Only

1. Limited Liability Company Name
Cooperative Strategies, LLC

2. 12-Digit Secretary of State File Number
200710110016

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

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
8955 Research Drive	Irvine	CA	92618
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	Zip Code
		CA	

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

a. First Name, if an individual - Do not complete item 5b	Middle Name	Last Name	Suffix
Benjamin		Dolinka	
b. Entity Name - Do not complete item 5a			
c. Address	City (no abbreviations)	State	Zip Code
8955 Research Drive	Irvine	CA	92618

6. Agent for Service of Process **Item 6a and 6b:** If the agent is an individual, the agent must reside in California and item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California registered corporate agent, a current agent registration certificate must be on file with the California Secretary of State and item 6c must be completed (leave item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Benjamin		Dolinka	
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
8955 Research Drive	Irvine	CA	92618
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Financial Consulting for School Districts

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.

9/14/17

Benjamin Dolinka

Owner

Date Type or Print Name of Person Completing the Form

Title

Benjamin Dolinka
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 COMPLETION.)

Name: **(Interesting "Signed" date — AFTER Rec'd Stamp and BEFORE my viewing it 5/2017)**