



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/24/2022	202214303436	PARTNERSHIP - STMNT PARTNERSHIP AUTHORITY (PRT)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

LA MIRADA PLAZA INVESTORS, LTD.
ATTN: ALAN R. WOLEN, GENERAL MANAGER
P.O. BOX 2711
BLUE JAY, CA 92317

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4873129

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
LA MIRADA PLAZA INVESTORS, LTD.

and, that said business records show the filing and recording of:

Document(s)

PARTNERSHIP - STMNT PARTNERSHIP AUTHORITY

Effective Date: 05/23/2022

Document No(s):

202214303436



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
24th day of May, A.D. 2022.


Ohio Secretary of State

Form 535 Prescribed by:



Toll Free: 877.767.3453
 Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
 File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216

Expedite Filing (Two business day processing time.
 Additional fee additional \$100.00)
 P.O. Box 670
 Columbus, OH 43216

RECEIVED

For screen readers, follow instructions located at this path.

Statement of Partnership Authority

MAY 20 2022

Filing Fee: \$99

(189-PRT)

Form Must Be Typed

OHIO SECRETARY OF STATE

Name of Partnership

La Mirada Plaza Investors, Ltd.

Registration Number of Partnership

(Required only if partnership has filed a prior statement under Ohio Revised Code 1776)

Address of the partnership's chief executive office

Post Office Box 2711

Mailing Address

Blue Jay

City

California

State

92317

ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if exists

N/A

Mailing Address

City

OH

State

ZIP Code

Provide the names and addresses of all partners or appoint an information agent

Partner Name

Partner Address

Information Agent

Alan R. Wolen

Name of Information Agent

P. O. Box 2711

Mailing Address

Blue Jay

City

Ohio

State

92317

ZIP Code

Must Complete This Section

Original Appointment of Statutory Agent

The undersigned authorized representative(s) of

La Mirada Plaza Investors, Ltd., a California limited partnership

(Name of Partnership)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the partnership may be served.

Registered Agents, Inc.

(Name of Statutory Agent)

6545 Market Ave. North, STE 100

(Mailing Address)

North Canton

(Mailing City)

OH

(Mailing State)

44721

(Mailing ZIP Code)

Acceptance of Appointment

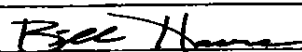
The Undersigned, named herein as the statutory agent for

La Mirada Plaza Investors, Ltd. a California limited partnership

(Name of Partnership)

hereby acknowledges and accepts the appointment of agent for said partnership.

Bill Havre.



(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

Optional: The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership and any limitations of that authority.

Names

Authority / Limitations

Optional: The names of the partners authorized to enter into transactions on behalf of the partnership (other than instruments transferring real property held in the name of the partnership) and any limitations on that authority.

Names

Authority / Limitations

Optional: Insert here or on attached sheets any other matter to be included in a statement of authority.

Names

Authority / Limitations

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

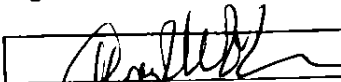
Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

La Mirada Plaza Investors, Ltd.

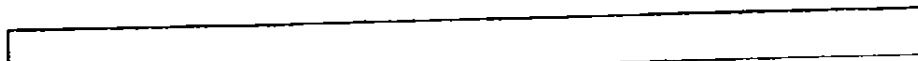
Signature



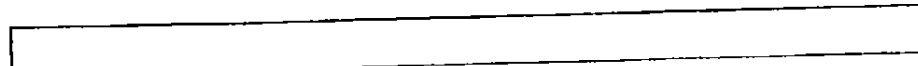
By (if applicable)

Alan R. Wolen, General Manager

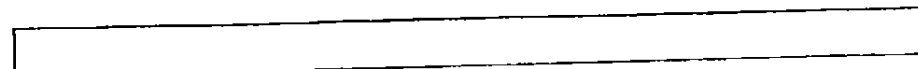
Print Name



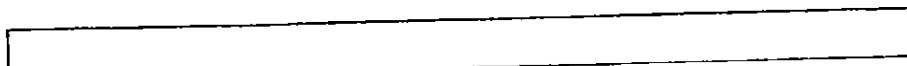
Signature



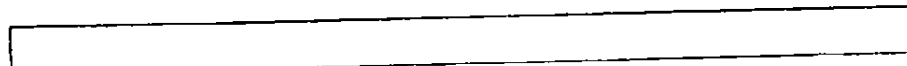
By (if applicable)



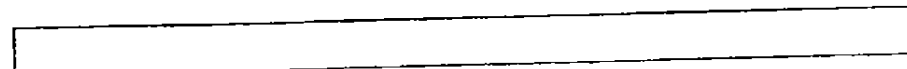
Print Name



Signature



By (if applicable)



Print Name