

Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only -FILED-

File No.: 202464414219 Date Filed: 10/28/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$8 California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/ .		This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attach	ed Certificate of G	ood Standing.)			
Visionary Co-Invest Fund II, LLC					
1b. California Alternate Name, If Required (Only enter an altern	ate name if the LL	C name in 1a not availat	ole in California.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	od Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Dela	iware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busi	ness in the stat	e, foreign country o	r place enter	ed in Ite	em 2a.
3. Business Addresses (Enter the complete business addresses. I	tems 3a and 3b ca	nnot be a P.O. Box or "in	n care of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev		State	Zip Code	
620 Newport Center Dr., Ste 650	Newport I	Beach	CA	92660	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	·	abbreviations)		Zip Code	
620 Newport Center Dr., Ste 650	Newport I	Beach	CA	92660	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√ 3a3b		<u>' </u>		
d. Maiting Address - if different than item 3a or 3b	City (no abbrev	City (no abbreviations)		Zip Cod	1e
4. Service of Process (Must provide either Individual OR Corporation	n.)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	Il name and Califo	nia street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (an abbre)	intional	Ciata	Zip Co	40
b. Sheet Address (ii agent is not a corporation) - Do not enter a F.O. Box	ess (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations)		State	1 '	
CORPORATION - Complete Item 4c only. Only include the name of the	e registered agent	Corporation		1	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do r		<u> </u>			
Registered Agent Solutions, Inc.	,				
5. Read and Sign Below (Title not required.)			 		
By signing, Latirm under penalty of perjury that the informatio on behalf of the loreign LC.	n herein is true	and correct and tha	at I am autho	rized to	sign
/ /// 1/1/1	Jeffrv	K. Weinhuff			
Signature		nd Print Name			
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VISIONARY CO-INVEST FUND II, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISIONARY CO-INVEST FUND II, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Authentication: 204731449

Date: 10-28-24