## **Secretary of State**

LLC-5

## Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only -FILED-

File No.: 202464716701

Date Filed: 11/25/2024

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

Filing Fee - \$70.00

Certification Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay m the California Franchise Tax Board each year. For		800 tax to				
go to https://www.ftb.ca.gov.	This Space For Office Use Only			у		
1a. LLC Name (Enter the exact name of the LLC as listed on yo	our attached	d Certificate of Goo	od Standing.)			
W			<u> </u>			
True Capital Ventures, LLC - Series VIII						
1b. California Alternate Name, If Required (Only enter	an alternat	te name if the LLC	name in 1a not av	ailable in California	.)	
		·········			·, I.I. · III.	
2. LLC History (Ensure that the formation date and jurisdiction	n match the	attached Certifica	te of Good Standii	ng.)		
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdia	. Jurisdiction (State, foreign country or place where this LLC is formed.)				
08 / 13 / 2024	Delaware					
c. Authority Statement (Do not alter Authority Statement)		· · · · · · · · · · · · · · · · · · ·		<u>" -                                   </u>		
This LLC currently has powers and privileges to condu	ict busine	ess in the state	, foreign counti	ry or place ente	red in Ite	₃m 2b
3. Business Addresses (Enter the complete business add	resses. Iter	ms 3a and 3b canr	not be a P.O. Box	or "in care of" an inc	dividual or	entity.
a. Street Address of Principal Executive Office - Do not enter a P.O. Box	x	City (no abbrevia	State	Zip Co	đe	
444 W. Lake Street, Suite 4700	Chicago			IL	606	06
<ul> <li>b. Street Address of Principal Office in California, If any - Do not enter a</li> </ul>	P.O. Box			Zip Co	je	
				CA		
<ul> <li>c. Mailing Address of Principal Executive Office, If different than item 3:</li> </ul>	<b>a</b>	City (no abbreviat	State	Zip Coo	Je .	
4. Service of Process (Must provide either Individual OR Co	orporation.)	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		1	
INDIVIDUAL - Complete Items 4a and 4b only. Must include a	gent's full r	name and Californi	a street address.			
a, California Agent's First Name (if agent is not a corporation)		Middle Name Last Nan		iame	me Si	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Be	ox	City (no abbreviat	ions)	State	Zip Cod	de
·				CA		
CORPORATION - Complete Item 4c only. Only include the nat	me of the n	egistered agent Co	orporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation Corporate Creations Network Inc. [C225045]	•	complete Item 4a c	r 4b			

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

on behalf of the foreign LLC,

Caitlin Lazarus, Special Manager

Type or Print Name

Signature LLC-5 (REV 03/2022)

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRUE CAPITAL VENTURES, LLC - SERIES

VIII" 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-SECOND DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE CAPITAL VENTURES, LLC - SERIES VIII" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE CAPITAL VENTURES, LLC - SERIES VIII" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

at corp. delaware gov/aut

Authentication: 204952776

Date: 11-22-24