## **Secretary of State**

LLC-5

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

For Office Use Only -FILED-

B3178-5812 11/25/2024

File No.: 202464716646 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 minimum \$800 tax to the California Franchise Tax Board each year. For more information,

go to https://www.ftb.ca.gov.			This Space For Office Use Only				, U
1a. LLC Name (Enter the exact name of the LLC as listed on yo	our attached	d Certificate of Go	od Standing	i-)			
True Capital Ventures, LLC - 2015 Series V							η Ξ
1b. California Alternate Name, if Required (Only enter an alternate name if the LLC name in 1a not available in California.)							א ח
							Ce 1 <
2. LLC History (Ensure that the formation date and jurisdiction	n match the	attached Certific	ate of Good	Standing.)			 ው
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)  08				or place where this	LLC is fo	rmed.)	 5
c. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to condu	uct busine	ess in the state		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3. Business Addresses (Enter the complete business add		T		D. Box or "in care o		· · · · · · · · · · · · · · · · · · ·	
a. Street Address of Principal Executive Office - Do not enter a P.O. Box 444 W. Lake Street, Suite 4700		City (no abbreviations)  Chicago			State IL	24p Code 5	
b. Street Address of Principal Office in California, if any - Do not enter a P.O.		· · · · · · · · · · · · · · · · · · ·		- to - #.4	State	Zip Code go	
c. Mailing Address of Principal Executive Office, if different than item 3		City (no abbreviations)			State	Zip Code (I)	
4. Service of Process (Must provide either Individual OR Control Individual — Complete Items 4a and 4b only. Must include a			nia street add	dress.			10 10 10 10 10 10 10 10 10 10 10 10 10 1
a. California Agent's First Name (if agent is not a corporation)		Middle Name		Last Name			Suffix-C
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)			State CA	Zip Code H	
CORPORATION - Complete Item 4c only. Only include the na	me of the r	egistered agent C	corporation.				t
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b							(t
Corporate Creations Network Inc. [C225045	5]	·· <u>·</u> ·································					

5. Read and Sign Below (Title not required.)

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

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRUE CAPITAL VENTURES, LLC - 2015

SERIES V" 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-FIFTH DAY OF

NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE CAPITAL VENTURES, LLC - 2015 SERIES V" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE CAPITAL VENTURES, LLC - 2015 SERIES V" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

at corp delaware gov/aut

Authentication: 204964493

Date: 11-25-24