



**Secretary of State**  
**Application to Register a Foreign Limited Liability Company (LLC)**

LLC-5

201908510469

**IMPORTANT — Read Instructions before completing this form.**  
 Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

**Filing Fee** - \$70.00

**Copy Fees** - First page \$1.00; each attachment page \$0.50;  
 Certification Fee - \$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>.

**FILED**  
 Secretary of State  
 State of California

MAR 18 2019

This Space For Office Use Only

**1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

La Canada Exer Management Services LLC

**1b. California Alternate Name, if Required** (See Instructions – Only enter an alternate name if the LLC name in 1a not available in California.)

**2. LLC History** (See Instructions – Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

**a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)**

1 / 16 / 2019

**b. Jurisdiction** (State, foreign country or place where this LLC is formed.)

Delaware

**c. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

**3. Business Addresses** (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
390 N Pacific Coast Hwy, Suite 3000	El Segundo	CA	90245
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
475 Foothill Blvd	La Canada	CA	91011
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

**4. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** – Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Deann		Hampton	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
390 N Pacific Coast Hwy, Suite 3000	El Segundo	CA	90245

**CORPORATION** – Complete Item 4c only. Only include the name of the registered agent Corporation.

**c. California Registered Corporate Agent's Name** (if agent is a corporation) – Do not complete Item 4a or 4b

**5. Read and Sign Below** (See Instructions. Title not required.)

I am authorized to sign on behalf of the foreign LLC.

Signature

Deann Hampton

Type or Print Name

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LA CANADA EXER MANAGEMENT SERVICES, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA CANADA EXER MANAGEMENT SERVICES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 2019.

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



7241895 8300

SR# 20190332051

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202097735

Date: 01-17-19

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