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Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202464815483 Date Filed: 12/3/2024

For Office Use Only

-FILED-

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

Filing Fee - \$70.00

LLC-5 (REV .. /2023)

Certified Copy 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 O			y
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	ed Certificate of Go	od Standing.)			
GreyRhino Fe	und GP, LLC				
1b. California Alternate Name, If Required (Only enter an alterna	ate name if the LLC	name in 1a not available	in California.))	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	1 Standing.)			•
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delay	ware				
Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busin	ess in the state	e, foreign country or p	lace entere	ed in Ite	m 2a
3. Business Addresses (Enter the complete business addresses, Ite	∍ms 3a and 3b can	not be a P.O. Box or "in ca	re of an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
6106 Lakeview Circle	San Ramon		CA	94582	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
6106 Lakeview Circle	San Ramon		CA	94582	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	X 3a X 3b			, 	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
A Somilar of Drasses (to the little later)	<u> </u>			<u> </u>	
 Service of Process (Must provide either Individual OR Corporation. INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full 	•	ija street address			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
Ahmad		Wani			ļ
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	itions)	State	Zip Co	de
6106 Lakeview Circle	San Ramon		CA	94582	
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent C	orporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	ot complete Item 4a	or 4b			
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true a	and correct and that I	am author	rized to	sign
W.		Ahmad Wani, Mar	naging Mei	mber	
Signature	Type and Print Name				

2023 California Secretary of State bizfileOnline.sos.ca.gov

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The First State

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

DELAWARE, DO HEREBY CERTIFY "GREYRHINO FUND GP, 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 THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREYRHINO FUND GP, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 205017032

Date: 12-03-24