LP-5

Secretary of State **Application for Registration** Foreign Limited Partnership (LP)

Note: Registered LPs in California may have to pay minimum \$800 tax to the

deed. I further declare the information is true and correct, and I am authorized to sign.

Foreign Certificate of Good Standing is required.

Certified Copy Fee (Optional) - \$5.00

Filing Fee - \$70.00



For Office Use Only

-FILED-

File No.: 202464603406 Date Filed: 11/15/2024

California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	o to					
		A	bove Space Fo	r Office	Use Onl	<i>y</i>
1. Name of Foreign LP (Only enter an alternate name if the foreign LI	P name in Item 1a i	not available	in CA.)			
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the	1b. Enter the Alternate Name to be Used in California, if required.				
TCP AI 2024, LP						
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	Standing.)		•		
Jurisdiction (State, foreign country or place where this LP is formed.)			***************************************			
Del	aware					
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b ca	nnot be a P.O	. Box or "in care o	of an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbre	bbreviations)		State	Zip Code	
100 Wilshire Blvd., Suite 1830	Santa Mo	4onica		ÇA	90401	
b. Mailing Address of Principal Office, if different than item 3a	City (no abbre	eviations)		State	Zip Code	
c. Address of required office in Jurisdiction of Formation, if any	City (no abbre	City (no abbreviations)			Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	on.)				·	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fe	uli name and Califor	nia street add	ress.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	me Last Name			Suffix	
b. Street Address (if agent is not a corporation) - Do not enfer a P.O. Sox	City (no abbre	City (no abbreviations)		State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the	ne registered agent	Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do			_			
Corporation Service Company Which Will Do Busines	s in California	As CSC -	· Lawyers In	corpor	ating S	servic
5. General Partners (Enter the name and addresses of all the General	al Partners. Attach	additional pag	ges, if necessary.))		
5a. General Partner's Name Troy Capital Partners X GP, LLC						
5b. General Partner's Address	City (no abbre	City (no abbreviations)			Zip Co	de
100 Wilshire Blvd., Suite 1830	Santa Mo	Santa Monica			90401	
6. Foreign Limited Liability Limited Partnership (Check this	box only if applicat	ole)				
Check this box if the foreign limited partnership is a foreign limit	ted liability limited	partnership				
All attachments are part of this document. I declare that I am	the person who	signed this	s instrument, v	which is	my act	and

General Partner's Signature

Josh Berman, Manager of Troy Capital Partners X GP, LLC

Type or Print Name

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TCP AI 2024, LP" 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TCP AI 2024, LP"

WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2024.

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

Authentication: 204881053

Date: 11-14-24