

LLC-5

File No.: 202464218733 Date Filed: 10/15/2024

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

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go thttps://www.ftb.ca.gov/.		This Space For Office Use Only			v	
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of G	<u> </u>				<u>'</u>
Cerritos 1 I						
1b. California Alternate Name, If Required (Only enter an alternal	te name if the LL	C name in 1a	a not available in Ca	alifornia.)		
				· —		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached (Certificate of God	od Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delaw	vare					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign	country or place	entere	ed in Ite	: m 2a.
3. Business Addresses (Enter the complete business addresses, Iter	ms 3a and 3b ca	nnot be a P.(D. Box or "in care of	f' an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
3121 Michelson Drive, Suite 150	Irvine			CA	92612	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
3121 Michelson Drive, Suite 150	trvine			CA	92612	
c. If the Mailing Address is the same as Item 3a or 3b, check the applicable box:	√ЗаЗь			•		
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	ity (no abbreviations) Stat			Zip Code	
]					
4. Service of Process (Must provide either Individual OR Corporation.)	<u></u>)	man alternative or construction and the States				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full in		mia street ad	dress.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name		Last Name	1		Suffix
	•					}
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	iations)		State	Zip Co	Je
				CA		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent	Corporation.			•	•
c. Catifornia Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete item 4	or 4b				
Cogency G	ilobal Inc.					
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	and corre			rized to	sign
		Scott Homan				
Signature	Type a	nd Print Na	ime			
1. d. = 2== 1. () () ()				2022 Calif	lamia Caar	ntone of Cint

LLC-5 (REV 11/2023)

bizfileOnline.sos.ca.gov

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CERRITOS 1 INV, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CERRITOS 1 INV, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204629498

Date: 10-15-24

5245775 8300 SR# 20243946353