Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

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

LLC-5 For Office Use Only

-FILED-

B2997-3130

08/29/2024

File No.: 202463713306 Date Filed: 8/29/2024

Filing Fee - \$70.00	(T)					
Certified Copy Fee (Optional) - \$5.00				2		
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/.					24 5	
This Space For			or Office (r Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)						
Eximia Research - CA, LLC					PM	
1b. California Alternate Name, If Required (Only enter an alternate name if the LLC name in 1a not available in California.)					₩	
					Celve	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)						
a. Jurisdiction (State, foreign country or place where this LLC is formed.) Delaware					γq	
b. 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 2a.						
3. Business Addresses (Enter the complete business addresses, Items 3s and 3b cannot be a P.O. Box or "in care of" an individual or entity.)						
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations) State Zip Code			de O		
400 Park Avenue, FL 17	New York NY 10022			22 7		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box				de p		
	CA CA					
If the Mailing Address is the same as item 3a or 3b, check the applicable box: 3a 3b 3b						
d, Mailing Address - If different than item 3a or 3b	City (no abbreviations) State Zip Code		de ∺ O t			
4. Service of Process (Must provide either Individual OR Corporation.)		,			ω	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full r	<u></u>					
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name Suff		Suffix O Hi		
b. Street Address (If agent is not a corporation) - Do not enter a P.O. Box			State CA	Zip Code 70 ct		
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						
Capitol Corporate Services, Inc.						
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of parjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC. Signature Type or Print Name						

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

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

DELAWARE, DO HEREBY CERTIFY "EXIMIA RESEARCH - CA, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXIMIA RESEARCH"
- CA, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2023.

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

and the same of th

Authentication: 204270466

Date: 08-29-24