

## Secretary of State

## Application to Register a Foreign Limited Liability Company (LLC)

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.

201712810403

FILED Secretary of State State of California

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This Space For Office Use Only

1a.	LL	C I	Name	(Enter the exact	name of the L	LC as listed	d on your	attached	Certificate of	Good Stan	nding.)
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HV	/CAL	T	<b>MIDWAY</b>	VENT	IDE	HC
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1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

LLC-5

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)

5 2017 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.)

Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
010 2nd Avenue, Suite 1700	San Diego	CA	92101
Street Address of Principal Office in California, if any - Do not enter a P.O	. Box City (no abbreviations)	State	Zip Code
010 2nd Avenue, Suite 1700	San Diego	CA	92101
Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
Mailing Address of Principal Executive Office, If different than item 3a	City (no abbreviations)	St	ate

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
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	<u></u>	State CA	Zip Coo	de

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

Corporation Service Company which will do business in California as CSC-Lawyers Incorporating Service

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

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

Signature

Craig C. Glorioso, Esq.

Type or Print Name

2017 California Secretary of State www.sos.ca.gov/business/be

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HV/CAL I MIDWAY VENTURE, 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 MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HV/CAL I MIDWAY VENTURE, LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2017.

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

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6398975 8300 SR# 20173027082

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202475482

Date: 05-03-17