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

Secretary of State State of California

IMPORTANT — Read Instructions before completing this form

Foreign Certificate of Good Standing is required. See Instructions			AUS 0 2 2021				
Filing Fee - \$70.00			!				
Copy Fees - First page \$1.00 each attachment page \$6 Certification Fee \$5.00	0 50		4				
Acre Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year for more information, go to https://www.flb.ca.gov			(LL	Above Space F	or Office	Use Ont	Y
1. Name of Foreign LP (See Instructions - Only enter an all	temale name	if the foreign Lf	name in Ite	m ta is not availa	ble in CA		
1a Enter the Exact Name of the Foreign LP (as listed on the Certif Good Standing.)	hcate of	1b Enter the	Aitemate Na	me to be Used in	California,	if require	d
Walkabout Ventures SPV III, LP		Accident to a designation of the control of the con					
2. LP History (See Instructions - Ensure that the formation of	late and umsd	ischon match the	attached Co	ertificate of Good	Standing)		
2a Date LP was formed in home jurisdiction (MM/DD/YYYY)	2b Jurisdic	tion (State, for	eion country	or place where the	s LP is for	ned)	
07/ 30 / 2021		iction (State, foreign country or place where this LP is formed) Delaware					
		Charles de la companya de la company				uidual as	entity)
3. Business Addresses (Enter the complete business ad	ddresses iten	ns 3a and 3b ca	nnot be a P.	O. Box or "in care			
Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Code		
632 Redwood Avenue		Los Angeles		CA	90066		
b. Mailing Address of Principal Office, If different than Item 3a		City (no abbreviations)		State	Zip Code		
Address of required office in Jurisdiction of Formation, if any		City (no abbreviations)			State	Zip Code	
4. Service of Process (Must provide either Individual OR	Corporation.)				<u> </u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include	agent's full n	ame and Califo	rnia street ad	dress.			
. 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)		State CA	Zip Coo	le	
CORPORATION - Complete Item 4c only. Only include the							
c. California Registered Corporate Agent's Name (if agent is a corpora	stion) - Do not	complete item 4	a or 4b				
C T Corporation System							
5. General Partners (Enter the name and addresses of all	the General P	artners. Attach	additional pa	ages, if necessary	1.)		
5a. General Partner's Name							
Walkabout Ventures SPV III GP, LLC							
5b. General Partner's Address		City (no abbreviations)		State	Zip Code		
3632 Redwood Avenue		Los Ange	Los Angeles			90066	
6. Foreign Limited Liability Limited Partnership (Check this box	x only if applical	ble)				
Check this box if the foreign limited partnership is a for	eign limited	liability limited	l partnershi _l	ρ.			
All attachments are part of this document. I declare the deed. I further declare the information is true and con	nat I am the	e person who	signed th		which is	my act	and

Seneral Partner's Signature

Walkabout Ventures SPV III GP, LLC, General Partner

Type or Print Name

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

DELAWARE, DO HEREBY CERTIFY "WALKABOUT VENTURES SPV III, 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 SECOND DAY OF AUGUST, A.D. 2021.

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

6132399 8300

SR# 20212860166

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

Authentication: 203816724

Date: 08-02-21