

## **Secretary of State**

LLC-5

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.

Filing Fee - \$70.00

LLC-5 (REV 11/2023)

Certified Copy Fee (Optional) - \$5.00

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

For Office Use Only

-FILED-

File No.: 202463517720 Date Filed: 8/20/2024

https://www.ftb.ca.gov/.	0 10	This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attac	hed Certificate of Good Star	nding.)			
V0 F1 GP, LLC					
1b. California Alternate Name, If Required (Only enter an alter	nate name if the LLC name	in 1a not available in	California.	)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	ed Certificate of Good Stand	ling.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Del	aware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct bus	iness in the state, fore	ign country or pla	ice enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b cannot be	a P.O. Box or "in care	e of an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	o abbreviations)		Zip Code	
1225 4th St, Unit 215	San Francisco	n Francisco		94158	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Bo	City (no abbreviations)			Zip Code	
1225 4th St, Unit 215	San Francisco	San Francisco		94158	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	<b>√</b> 3a				
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)	City (no abbreviations)		Zip Code	
Service of Process (Must provide either Individual OR Corporation     INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's fi		et address.	_1		
a. California Agent's First Name (if agent is <b>not</b> a corporation) <b>Lyon Wong</b>	Middle Name	Last Name Wong			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	•	State	Zip Cod	de
1225 4th St, Unit 215	San Francisco	ncisco		9415	8
CORPORATION Complete Item 4c only. Only include the name of the	ne registered agent Corpora	tion.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do	not complete Item 4a or 4b				
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	on herein is true and c	orrect and that I a	am autho	rized to	sign
and the second	Lyon Wong				
Signature	Type and Print Name				

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VO F1 GP, 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 TWENTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VO F1 GP, LLC"

WAS FORMED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2024.

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



Authentication: 204200990

Date: 08-20-24