

## **Secretary of State**

## Application to Register a Foreign Limited

LLC-5

**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

Certified Copy Fee (Optional) - \$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

For Office Use Only

## -FILED-

B3074-1150 10/03/2024

File No.: 202464117113 Date Filed: 10/3/2024

https://www.ftb.ca.gov/.			This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	ed Certificate of G	ood Standing	g.)				
ExED Facilities XXVIII LLC							
1b. California Alternate Name, If Required (Only enter an alterna	ate name if the LL	C name in 1	a not available in (	alifornia.	)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	od Standing.)	1				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	· · · · · ·						
Dela	ware						
b. Authority Statement (Do not alter Authority Statement)							
This LLC currently has powers and privileges to conduct busin	ess in the stat	e, foreign	country or place	e enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses, Ite	ems 3a and 3b ca	nnot be a P.	D. Box or "in care	of" an ind	ividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi		State	Zip Code			
1990 South Bundy Dr., Suite 410	Los Angele	os Angeles			90025		
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
1990 South Bundy Dr., Suite 410	Los Angel	os Angeles			90025		
· · · · · · · · · · · · · · · · · · ·	√3a 3b				1		
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	City (no abbreviations)			Zip Code		
4. Service of Process (Must provide either Individual OR Corporation					1		
INDIVIDUAL Complete Items 4a and 4b only. Must include agent's full  a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name Suffix			Suffix		
Anita	Wilddic Hairie	Landecker					
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	iations)		State	Zip Code		
1990 South Bundy Dr., Suite 410	Los Ange	Los Angeles		CA	90025		
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 no	ot complete Item 4a	or 4b					
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	ct and that I ar	n autho	rized to	sign	
Ra		Robert F. Cowan					
Signature	Type and Print Name						

## <u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "EXED FACILITIES XXVIII 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 FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXED FACILITIES XXVIII LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204524212

Date: 10-01-24