Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only -FILED-

File No.: 202565514388 Date Filed: 1/22/2025

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

California Franchise Tax Board each year.

B3362-4019 01/22/2025 Note: Registered LLCs in California may have to pay minimum \$800 tax to the For more information, go Œ This Space For Office Use Only to https://www.ftb.ca.gov. 1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.) 0 Protocol Remediation LC Y 1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.) Q Protocol Remediation LLC ived 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) b. Jurisdiction (State, foreign country or place where this LLC is formed.) <u>'</u>ታ Virginia 23 2019 c. Authority Statement (Do not alter Authority Statement) California 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.) a. Street Address of Principal Executive Office - Do not enter a P.O. Box City (no abbreviations) Zip Code State 370 Rio Road W Charlottesville VΑ 22901 b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box City (no abbreviations) Zip Code State CA Ø c. Mailing Address of Principal Executive Office, if different than item 3a City (no abbreviations) State Zip Code ecretary 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, о Њ

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Name		Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Coo	le

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

Registered Agents Inc

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

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

Signature

Stephen Nicholson

Type or Print Name

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State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Protocol Remediation LC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on March 23, 2019; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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Signed and Sealed at Richmond on this Date:

January 14, 2025

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2025011421263729