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Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)

LLC-5

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 https://www.ftb.ca.gov/.

For Office Use Only

-FILED-

File No.: 202464714897 Date Filed: 11/21/2024

	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of Good Stand	ing.)			
Carpinteria	1 Inv, LLC				
1b. California Alternate Name, If Required (Only enter an alterna	ite name if the LLC name in	1a not available in C	alifornia.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standin	g.)			
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 state, foreig	n country or place	e entere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b cannot be a	P.O. Box or "in care o	f" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
3121 Michelson Drive, Suite 150	Irvine		CA	92612	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
3121 Michelson Drive, Suite 150	Irvine		CA	92612	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	X 3a 3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
	<u></u>				
4. Service of Process (Must provide either Individual OR Corporation	.)				
INDIVIDUAL Complete Items 4a and 4b only. Must include agent's full	1				·
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name				S⊔ffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations)		- 	State Zip C		<u></u>
			CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corporation	l		<u> </u>	
c. California Registered Corporate Agent's Name (if agent is a corporation) Do no		7(1.			
Cogency C	•				
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information	herein is true and cor	rect and that I am	author	rized to	sian
on behalf of the foreign LLC.					.
		Scott Homa	an		
Signature	Type and Print Name				

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "CARPINTERIA 1 INV, 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARPINTERIA 1 INV, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2024.

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

at corn delaware gov/auti

Authentication: 204937188

Date: 11-21-24

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