LLC-5

File No.: 202465014419 Date Filed: 12/17/2024

For Office Use Only

-FILED-

B3280-1417 12/17/2024

5:00

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/.

This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC se listed on your attached	ed Certificate of Good Stand	ing.)			
Brain Bar LLC					
1b. California Alternate Name, if Required (Only enter an alterna	ite name if the LLC name in	1a not available i	n California	.)	
		•			
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing	3.)			-
. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delay	ware		ş		÷i 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 pl	ace ente	red in I	tem 2a.
Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b cannot be a f	P.O. Box or "in ca	re of" an inc	lividual o	r entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
1831 Old Orchard Rd	Los Angeles		CA	90049	
o. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
1831 Old Orchard Rd	Los Angeles		CA	90049	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	✓3a ✓3b		•		
d. Mailing Address - If different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
 Service of Process (Must provide either Individual OR Corporation. INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full 		ddress.	<u></u>		
a. 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	Zip Coo	i <u> </u>
			CA	-	
CORPORATION - Complete Item 4c only. Only include the name of the	egistered agent Corporation	l.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete item 4z or 4b			· · · · · · · · · · · · · · · · · · ·	
Corporation Service Company Which Will Do Business In Califo	rnia As CSC - Lawyers	Incorporating	Service		
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	herein is true and com	ect and that I a	ım author	rized to	sign
Cutey Birch	Casey Birnbau				
Signature J	Type and Print Name				

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BRAIN BAR 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRAIN BAR LLC"

WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2024.

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



Authentication: 205152774

Date: 12-17-24