LLC-5 **Secretary of State** Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only

-FILED-

PM Received

California

Secretary

File No.: 202464713642 Date Filed: 11/20/2024

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/ .	0	This Space Fo	r Office l	Jse Only	<i>i</i>
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	1 Certificate of Good S	tanding.)			
MDC PPW Phase I PE Member, LLC					
1b. California Alternate Name, If Required (Only enter an alternate	e name if the LLC nar	ne in 1a not available in	California.))	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Good Sta	anding.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaw	vare				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state, fo	reign country or pla	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Itel	ms 3a and 3b cannot l	pe a P.O. Box or "in care	of" an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations	State	Zip Code		
11995 El Camino Real	San Diego	CA	92130		
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations	State	Zip Code		
11995 El Camino Real	San Diego	CA	92130		
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		
4. Service of Process (Must provide either Individual OR Corporation.	l }		1		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		treet address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	ame Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Cod	de
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corp	oration.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete item 4a or 4	b			
Corporation Service Company Which Will Do Business In Califo	rnia As CSC - Law	yers Incorporating	Service		
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	correct and that I a	m autho	rized to	sign
(/X \	Bianca Martinez				
Signature	Type and P	rint Name			
			2023 Cali	fornia Soer	otany of Sta

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

DELAWARE, DO HEREBY CERTIFY "MDC PPW PHASE I PE MEMBER, 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 NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDC PPW PHASE I

PE MEMBER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER,

A.D. 2024.

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



Authentication: 204921641

Date: 11-20-24