California

Secretary

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

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Processing Fee: \$0 - The processing fee is waived for submissions submitted July 1, 2022 - June 30, 2023.

Certification Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board remains due and is not subject to the processing fee waiver. For more

For Office Use Only

-FILED-

File No.: 202464910157 Date Filed: 12/9/2024

information, go to ftb.ca.gov.		This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your atta	ached Certificate of Go	od Standing.)			
S3 Promenade MM, LLC				-	
1b. California Alternate Name, If Required (Only enter an alt	ternate name if the LLt	name in 1a not available in	n California.)	·········	
		······································			
2. LLC History (Ensure that the formation date and jurisdiction mate	ch the attached Certific	ate of Good Standing.)		······	
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jul	b. Jurisdiction (State, foreign country or place where this LLC is formed.)				
10 / 4 / 2024	Delaware				
c. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct but	usiness in the stat	e, foreign country or pl	ace enter	ed in Ite	m 2b.
3. Business Addresses (Enter the complete business addresse	es, Items 3a and 3b ca	nnot be a P.O. Box or "in ca	re of" an indi	vidual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Code	
14 Corporate Plaza, Suite 210	Newport E	Newport Beach		92660	
b. Street Address of Principal Office in California, if any - Do not enter a P.O.	Box City (no abbrevi	City (no abbreviations)		Zip Code	
14 Corporate Plaza, Suite 210	Newport B	Newport Beach		92660	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbrevi	City (no abbreviations)		Zip Coo	ie
4. Service of Process (Must provide either Individual OR Corpora	ation.)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's	s full name and Califor	nia street address.			.——
a. California Agent's First Name (if agent is not a corporation)	Middle Name				Suffix
Gary		Carmell			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	_	State	Zip Code	
14 Corporate Plaza, Suite 210	Newport	Newport Beach		92660	
CORPORATION Complete Item 4c only. Only include the name of	f the registered agent	Corporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - I	Do not complete Item 4a	or 4b			_
5 Read and Sign Relow (Title not required.)					

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

Signature

on behalf of the foreign LLC

Gary Carmell

Type or Print Name

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "S3 PROMENADE MM, 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 NINTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S3 PROMENADE MM, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2024.

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



Authentication: 205074063

Date: 12-09-24