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Secretary of State Application for Registration Foreign Limited Partnership (LP)

LP-5

For Office Use Only

-FILED-

File No.: 202464203623 Date Filed: 10/9/2024

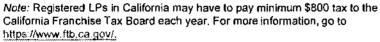
Foreign Certif	ficate of Good	Standing	is re	equired.
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Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Gerferal Partner's Signature

LP-5 (REV 06/2023)



Imps.//www.no.ca.gov/.		Above Space For Office Use Only				
1. Name of Foreign LP (Only enter an alternate name if the foreign LP	name in Item 1a is not ava	ailable in CA.)			***	
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the Alternate	Name to be Used in	California,	if require	d.	
Toyota Ventures Frontier Fund I GP, LP						
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached C	ertificate of Good Standing	g.)				
Jurisdiction (State, foreign country or place where this LP is formed.)					·······	
Dela	ware					
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b cannot be	a P.O. Box or "in care	of" an ind	ividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code		
4440 El Camino Real	Los Altos		CA	94022		
b. Mailing Address of Principal Office, If different than item 3a	City (no abbreviations)		State	Zip Code		
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)		State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation.	•		L	<u>L</u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full						
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	Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations)		State	State Zip Code		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corporat	ion,	<u> </u>			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	t complete Item 4a or 4b					
Paracorp Incorporated			_			
5. General Partners (Enter the name and addresses of all the General	Partners. Attach additions	al pages, if necessary	.)			
5a. General Partner's Name						
Toyota A.I. Ventures GP, LLC						
5b. General Partner's Address	City (no abbreviations)	(no abbreviations)		Zip Code		
4440 El Camino Real	Los Altos	Los Altos C		94022		
6. Foreign Limited Liability Limited Partnership (Check this bo	ox only if applicable)					
Check this box if the foreign limited partnership is a foreign limited	l liability limited partner	ship.				
All attachments are part of this document. I declare that I am the deed. I further declare the information is true and correct, and I			which is	my act	and	

Phillip Zackier, Secretary of Toyota Research Institute, Inc., managing member of Toyota A.I. Ventures Advisors, LLC, managing member of Toyota A.I. Ventures GP, LLC, General Partner Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TOYOTA VENTURES FRONTIER FUND I GP,

LP" 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOYOTA VENTURES FRONTIER FUND I GP, LP" WAS FORMED ON THE THIRD DAY OF JANUARY,

A.D. 2022.

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

THYS SOLUTION OF THE SOLUTION

Authentication: 204430517

Date: 09-19-24

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