

Secretary of State

LLC-5

Application to Register a Foreign Limited

Liability Company (LLC)

-FILED-

For Office Use Only

B3143-9216 11/05/202

File No.: 202464513589 Date Filed: 11/5/2024

Must be submitted with a current Certificate of Good Standing issued 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 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	ched Certificate of G	ood Standing.)			
S4 Brushy Creek MM, LLC			-		
1b. California Alternate Name, If Required (Only enter an alte	ernate name if the LL	C name in 1a not available i	n California.)		
2. LLC History (Ensure that the formation date and jurisdiction match	h the attached Certific	ate of Good Standing.)			
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jur	isdiction (State, fore	ign country or place where	this LLC is fo	rmed.)	
10 / 7 / 2024		Delaware			
c. Authority Statement (Do not alter Authority Statement)		•			
This LLC currently has powers and privileges to conduct bu	isiness in the stat	e, foreign country or p	lace entere	ed in Iter	m 2b.
3. Business Addresses (Enter the complete business addresses	s. Items 3a and 3b ca	nnot be a P.O. Box or "in ca	re of" an indi	vidual or e	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbrev	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. I	Box City (no abbrev	City (no abbreviations)		Zip Code	
14 Corporate Plaza, Suite 210	Newport E	Newport Beach		92660	
c. Mailing Address of Principal Executive Office, If different than item 3a	City (no abbrev	ations)	State	Zip Code	9
4. Service of Process (Must provide either Individual OR Corporal INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's		nia street address.			
a. California Agent's First Name (if agent is not a corporation) Gary	Middle Name	Last Name Carmeli			Sulfix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	ations)	State	Zip Cod	e
14 Corporate Plaza, Suite 210	Newport	oort Beach CA 926		92660	J
CORPORATION - Complete Item 4c only. Only include the name of	the registered agent	Corporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - D					

5. Read and Sign Below (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 on behalf of the foreign LLC.

Signature

Type or Print Name

Marcus Lam

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The First State

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

DELAWARE, DO HEREBY CERTIFY "S4 BRUSHY CREEK 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S4 BRUSHY CREEK MM, LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2024.

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



Authentication: 204766964

Date: 10-31-24