

Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

IMPORTANT — Read Instructions before completing this form.

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

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

201734710229

Secretary of State State of California

DEC 1 3 2017 354

www.sos.ca.gov/business/be

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 as listed on your	attached	Certificate of God	od Standing.)				
Anomaly Partners LA LLC							
1b. California Alternate Name, If Required (See Instruction	ons – On	iy enter an alterna	ite name if the L	LC name in 1	not ava	ilable in (California.
2. LLC History (See Instructions – Ensure that the formation date	e and jur	isdiction match th	e attached Certi	ficate of Good	Standing	j.)	
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b,	Jurisdiction (State, foreign country or place where this LLC is formed.)						
12 / 12 / 2017	Delaware			vare			
c. Authority Statement (Do not alter Authority Statement)							
This LLC currently has powers and privileges to conduct	t busine	ess in the state	, foreign cou	ntry or place	entere	ed in Ite	em 2b.
3. Business Addresses (Enter the complete business address	sses. Iter	ns 3a and 3b can	not be a P.O. Bo	x or "in care o	f' an indi	vidual or	entity.)
Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)		T	State	Zip Code	
536 Broadway, 11th Floor		New York			NY	10012	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Code	
1319 Abbot Kinney Boulevard		Venice			CA	90291	
. Mailing Address of Principal Executive Office, If different than Item 3a		City (no abbreviations)			State	Zip Code	
Service of Process (Must provide either Individual OR Corp INDIVIDUAL — Complete Items 4a and 4b only. Must include age			ia street address	<u>l</u> 3.		<u> </u>	
a. California Agent's First Name (if agent Is not a corporation)		Middle Name	Las	t Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Co	l de
					CA		
CORPORATION Complete Item 4c only. Only include the name	e of the r	egistered agent C	orporation.			<u> </u>	
c. California Registered Corporate Agent's Name (if agent is a corporation)				· · · · · · · · · · · · · · · · · · ·		-	
C T Corporation System							-
5. Read and Sign Below (See Instructions. Title not requi	ired.)						
I am authorized to sign on behalf of the foreign LLC.							
OM 1111							
1160 MSV			w Speiser				
Signature		Туре	or Print Name)			
LLC-5 (REV 01/2017)				201	7 Californi	a Secretar	v of State



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

DELAWARE, DO HEREBY CERTIFY "ANOMALY PARTNERS LA 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 THIRTEENTH DAY OF DECEMBER, A.D. 2017.

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

6658600 8300 SR# 20177537512

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffray W. Burlick, Secretary of State

Authentication: 203746445

Date: 12-13-17