

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.

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 California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

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Secretary of State State of California

MAY 1 7 2021

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This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

K2	Construction	Insurance	Services,	LLC
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1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)

b. Jurisdiction (State, foreign country or place where this LLC is formed.)

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c. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.

Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

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a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
11452 El Camino Real Ste 250	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
11452 El Camino Real Ste 250	San Diego	CA	92130
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
11452 El Camino Real Ste 250	San Diego	CA	92130

Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

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	City (no abbreviations)		State	Zip Cod	de
			CA	İ	

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) - Do not complete Item 4a or 4b

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Read and Sign Below (See Instructions. 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

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Nathan D Hunter

Signature

Type or Print Name



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

DELAWARE, DO HEREBY CERTIFY "K2 CONSTRUCTION INSURANCE SERVICES,

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 TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "K2 CONSTRUCTION INSURANCE SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2021.

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

5817460 8300 SR# 20211682763

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

Authentication: 203165831

Date: 05-10-21