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

LP-5

For Office Use Only

-FILED-

B3260-3069 12/13/2024

File No.: 202464909915 Date Filed: 12/13/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs 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/.

mtps://www.πb.ca.gov/.		Above Space For Office Use Only			u
1. Name of Foreign LP (Only enter an alternate name if the foreign LF	name in Item 1a is	not available in CA	A.)		 @
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the Al	1b. Enter the Alternate Name to be Used in California, if required.			
B10 MOUNTAIN A OC LP					7 3
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good S	tanding.)			ק ת
Jurisdiction (State, foreign country or place where this LP is formed.)					
Dela	aware				π <
3. Business Addresses (Enter the complete business addresses.)	tems 3a and 3b canr	not be a P.O. Box	or "in care of" an indi	 ividual or eпtit	ly.) 🕡
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevia	City (no abbreviations)			<u>_</u>
233 S. Wacker Dr., Suite 4700	Chicago	Chicago			უ ~
b. Mailing Address of Principal Office, if different than item 3a	City (no abbreviations)		State	Zip Code	
					<u></u> 2
c. Address of required office in Jurisdiction of Formation, if any	City (no abbrevia	State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation	n.)		I	<u> </u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	Il name and Californi	a street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name		Su	iffix P
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
		CA		O.	
CORPORATION - Complete Item 4c only. Only include the name of the		·			n
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do n	·		_		ત
Corporation Service Company Which Will Do Business				ating Serv	•
5. General Partners (Enter the name and addresses of all the General	l Partners. Attach ar	dditional pages, if r	necessary.)		
5a. General Partner's Name					9
B10 Mountain A OC GP LLC					H
5b. General Partner's Address	City (no abbrevia	City (no abbreviations)		Zip Code	7
233 S. Wacker Dr., Suite 4700	Chicago		IL	60606	C
6. Foreign Limited Liability Limited Partnership (Check this	box only if applicable)			
Check this box if the foreign limited partnership is a foreign limite	ed liability limited p	artnership.			"
All attachments are part of this document. I declare that I am t deed. I further declare the information is true and correct, and			rument, which is	my act and	 ;

General Partner's Signature

Lakecia Stanford, Assistant Secretary of B10 Mountain A OC GP

LLC, general partner

Type or Print Name

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "B10 MOUNTAIN A OC 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B10 MOUNTAIN A OC LP" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2024.

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



Authentication: 205124987

Date: 12-13-24