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Secretary of State Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only
-FILED-

File No.: 202465014123 Date Filed: 12/17/2024

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

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$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/.

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 attache	d Certificate of G	ood Standing.)				
631 Howard Partners LLC						
1b. California Alternate Name, If Required (Only enter an alterna	ite name if the LL	C name in 1a not available i	in California.))		
LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	nd Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delav	ware					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busin	ess in the stat	e, foreign country or p	lace enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b ca	nnot be a P.O. Box or "in ca	are of" an ind	ividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		Zip Code		
225 Bush Street, Suite 1800	San Francisco		CA	94104		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code		
225 Bush Street, Suite 1800	San Francisco		CA	94104		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√3a 3b					
d, Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Cod	le	
				<u> </u>		
4. Service of Process (Must provide either Individual OR Corporation						
INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full					T	
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix	
Gregory	G	Flynn	State	State Zip Code		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 225 Bush Street, Suite 1800	1	City (no abbreviations) San Francisco		94104		
	!				<u> </u>	
CORPORATION – Complete Item 4c only. Only include the name of the						
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	or complete item 48	3 OF 4D				
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct and that I	am autho	rized to	sign	
	Kamra	Kamran Ghiasi				
Signature	Tyne ar	Type and Print Name		0000 0 IV 1 0 1 1 1 0 1		
11.0 C (DE)/44 (0000)	rype and rink name		2023 California Secretary of State			

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The First State

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

DELAWARE, DO HEREBY CERTIFY "631 HOWARD PARTNERS 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 SECOND DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "631 HOWARD PARTNERS LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2024.

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



Authentication: 205010334

Date: 12-02-24

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