## **Secretary of State**

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

Must be submitted with a current Certificate of Good Standing issued by the 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

For Office Use Only

## -FILED-

File No.: 202464910736 Date Filed: 12/9/2024

| <ol> <li>1a. LLC Name (Enter the exact name of the LLC as listed on your attact CWSFG 24 Aspen GP, LLC</li> <li>1b. California Alternate Name, If Required (Only enter an alternate LLC History (Ensure that the formation date and jurisdiction match</li> </ol>  | rnate name if the LLC   | name in 1a not available   | in California. | )          |          |
|--|---|----------------------------|----------------|------------|----------|
| 1b. California Alternate Name, If Required (Only enter an alter  |   |                            | in California. | )          |          |
|  |   |                            | in California. | )          |          |
| LLC History (Ensure that the formation date and jurisdiction match   | the attached Certific   |                            |                |            |          |
| 2. LLC mistory (Ensure that the formation date and jurisdiction match  | the attached Certific   |                            |                |            |          |
| Detail Compiler to be an initial to the compiler to the compil |   |                            |                |            |          |
| a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Juris 8 / 1 / 2024   | b. Jurisdiction (State, foreign country or place where this LLC is formed.)  Delaware |                            |                |            |          |
| c. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct bus  | iness in the state  | e, foreign country or p    | ace enter      | ed in Ite  | m 2b     |
| 3. Business Addresses (Enter the complete business addresses.  | Items 3a and 3b car   | not be a P.O. Box or "in c | are of" an ind | ividual or | entity.) |
| a. Street Address of Principal Executive Office - Do not enter a P.O. Box  | City (no abbrevia   | ations)                    | State<br>CA    | Zip Cod    |          |
| 14 Corporate Plaza, Suite 210  | Newport B   | Newport Beach              |                | 9266       | 0        |
| b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo   | , ,   | City (no abbreviations)    |                | Zip Cod    |          |
| 14 Corporate Plaza, Suite 210  | Newport B   | Newport Beach              |                | 9266       | 0        |
| <ul> <li>Malling Address of Principal Executive Office, if different than item 3a</li> </ul>   | City (no abbrevia   | City (no abbreviations)    |                | Zip Cod    | ie       |
| 4. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's fu   |   | nia street address.        |                |            |          |
| a. California Agent's First Name (if agent is not a corporation)  Gary   | Middle Name   | Last Name<br>Carmell       |                |            | Suffix   |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box  | City (no abbrevi  | ations)                    | State          | Zip Code   |          |
| 14 Corporate Plaza, Suite 210  | Newport I   | Newport Beach              |                | 92660      |          |
| CORPORATION - Complete Item 4c only. Only include the name of the  | he registered agent (   | Corporation.               |                |            |          |
| c. California Registered Corporate Agent's Name (if agent is a corporation) - Do   | not complete Item 4a  | or 4b                      |                |            |          |

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

**Gary Carmell** Type or Print Name

LLC-5

on behalf of the foreign LLC

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The First State

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

DELAWARE, DO HEREBY CERTIFY "CWSFG 24 ASPEN GP, 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 NINTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CWSFG 24 ASPEN GP, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2024.

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



Authentication: 205073619

Date: 12-09-24