Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

-FILED-

Secretary of State	LLC-5	- a			
Application to Register a Foreign Liability Company (LLC)	n Limited	For Office Use Only -FILED- File No.: 202465016174 Date Filed: 12/23/2024			
Must be submitted with a current Certificate of Good Standing government agency where the LLC was formed.	issued by the				
Filing Fee - \$70.00					
Certified Copy Fee (Optional) - \$5.00					
te: Registered LLCs in California may have to pay minimum \$800 tax to the lifornia Franchise Tax Board each year. For more information, go to ps://www.ftb.ca.gov/.		This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attac	hed Certificate of Good Star	nding.)			
Gaia Omega Investments LLC			· <u>-</u>		
1b. California Alternate Name, If Required (Only enter an alter	rnate name if the LLC name	in 1a not available in 0	California.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	ed Certificate of Good Stand	ing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	_				
Del	aware				
b. Authority Statement (Do not alter Authority Statement)					_
This LLC currently has powers and privileges to conduct bus	siness in the state, fore	ign country or place	e enter	ed in Ite	em 2a.
B. Business Addresses (Enter the complete business addresses.		a P.O. Box or "in care			
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Cod	
2101 L Street NW, Suite 300	Washington		DC		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	'		State	Zip Coo	
534 17th Street, Unit 105	Santa Monica		CA	9040	4 ——
. If the Mailing Address is the same as item 3a or 3b, check the applicable box:					
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Coo	1e
4. Service of Process (Must provide either Individual OR Corporation	pn.)		State	Zip Coo	1e
 Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full 	on.) uil name and California stree	<u> </u>	State	Zip Coo	
 Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full 	pn.)	et address.	State	Zip Coo	Suffix
 Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full. California Agent's First Name (if agent is not a corporation) 	on.) uil name and California stree	<u> </u>	State	Zip Coo	Suffix
I. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full California Agent's First Name (if agent is not a corporation) Street Address (if agent is not a corporation) – Do not enter a P.O. Box	on.) uil name and California stree Middle Name City (no abbreviations)	Last Name			Suffix
- Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full California Agent's First Name (if agent is not a corporation) - Street Address (if agent is not a corporation) – Do not enter a P.O. Box - CORPORATION – Complete Item 4c only. Only include the name of the	on.) uil name and California stree Middle Name City (no abbreviations) re registered agent Corporat	Last Name	State		Suffix
I. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full California Agent's First Name (if agent is not a corporation) Street Address (if agent is not a corporation) – Do not enter a P.O. Box CORPORATION – Complete Item 4c only. Only include the name of the California Registered Corporate Agent's Name (if agent is a corporation) – Do	on.) uil name and California stree Middle Name City (no abbreviations) re registered agent Corporate	Last Name	State CA		Suffix
I. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full California Agent's First Name (if agent is not a corporation) Street Address (if agent is not a corporation) – Do not enter a P.O. Box CORPORATION – Complete Item 4c only. Only include the name of the California Registered Corporate Agent's Name (if agent is a corporation) – Do Corporation Service Company Which Will Do Business In California Registered Corporate Agent's Name (if agent is a corporation)	on.) uil name and California stree Middle Name City (no abbreviations) re registered agent Corporate	Last Name	State CA		Suffix
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4. Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full a. California Agent's First Name (if agent is not a corporation) 5. Street Address (if agent is not a corporation) – Do not enter a P.O. Box	on.) uil name and California stree Middle Name City (no abbreviations) re registered agent Corporation to complete Item 4a or 4b ifornia As CSC - Lawyer	ion. rs Incorporating Sorrect and that I an	State CA ervice	Zip Coo	Suffix

LLC-5 (REV 11/2023)

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<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 "GAIA OMEGA INVESTMENTS 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAIA OMEGA INVESTMENTS LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2023.

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



Authentication: 205209672

Date: 12-23-24