Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only -FII FD-

B3178-5824 11/25/2024

File No.: 202464719637 Date Filed: 11/25/2024

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

Fiting Fee - \$70.00

Certification 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. Œ This Space For Office Use Only 0 1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.) 0 Y True Capital Ventures II, LLC - Series D - SGVC II 1b. California Alternate Name, if Required (Only enter an alternate name if the LLC name in 1a not available in California.) Ω D 140 2. LLC History (Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.) ã a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jurisdiction (State, foreign country or place where this LLC is formed.) Ψ Delaware 08 13 2024 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 3. 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.) a. Street Address of Principal Executive Office - Do not enter a P.O. Box Zip Code City (no abbreviations) State במ 444 W. Lake Street, Suite 4700 60606 Chicago b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box City (no abbreviations) State Zip Code Ø CA 72 (D c. Mailing Address of Principal Executive Office, If different than Item 3a City (no abbreviations) State Zip Code Q 7 4. Service of Process (Must provide either Individual OR Corporation.) ä INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address. Suffix-C a. California Agent's First Name (if agent is not a corporation) Middle Name Last Name o Zip Code b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations) CA 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 M Corporate Creations Network Inc. [C2250455]

5. Read and Sign Below (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

on behalf of the foreign LLC,

Caitlin Lazarus, Special Manager

Type or Print Name

Signature

2022 California Secretary of Star

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUE CAPITAL VENTURES II, LLC - SERIES

D - SGVC II" 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-SECOND DAY OF

NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE CAPITAL VENTURES II, LLC - SERIES D - SGVC II" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE CAPITAL VENTURES II, LLC - SERIES D - SGVC II" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

at corp delaware gov/aut

Authentication: 204953484

Date: 11-22-24