

## **Secretary of State**

LLC-5

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

File No.: 202464719008 Date Filed: 11/26/2024

For Office Use Only

-FILED-

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, (https://www.ftb.ca.gov/.			For Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attact	ched Centificate of Good Sta				<u>.,</u>
	torage LLC				
1b. California Alternate Name, if Required (Only enter an alter	mate name if the LLC name	in 1e not available ir	California	.)	
· · · · · · · · · · · · · · · · · · ·	<u>,</u>				
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	ed Certificate of Good Stand	ling.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Del	aware			·. <u>.</u> .	
b. Authority Statement (Do not after Authority Statement)					
This LLC currently has powers and privileges to conduct bus	iness in the state, fore	ign country or pla	ce enter	ed in It	em 2a
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b cannot be	a P.O. Box or "in care	of an ind	ividual o	entity.
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
230 Park Avenue, Suite 920	New \	<b>York</b>	NY	10169	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	x City (no abbreviations)	<u> </u>	State	Zip Co	đe
			CA	<u> </u>	
:. If the Malling Address is the same as item 3a or 3b, check the applicable box:	Х 3а				
Mailing Address - If different than Item 3e or 3b	City (no abbreviations)	City (no abbreviations)		Zip Co	fe et
	·		l		
4. Service of Process (Must provide either Individual OR Corporation		<del></del>			
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	Il name and California stree	t address.			
s. Celifornia Agent's First Name (if agent is not a corporation)	Middle Name -	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	_	State	Zip Coo	l <u> </u>
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corporati	ion.	<del>'</del>	<del>'</del>	
California Registered Corporate Agent's Name (if agent is a corporation) - Do n					
Cogency	Global Inc.				
. Read and Sign Below (Title not required.)		<u></u>			
y signing. I affirm under penalty of perjury that the information	n herein is true and co	rrect and that I a	m author	ized to	sian
n behalf of the foreign LLC.					~.g.,
h n Rox		Melinda Ba	ialia /M	1. 1.	<b>R</b>
Signature	Tune and Delet		.a / #/	<u>uinaa</u>	Trad

Signature LLC-5 (REV 11/2023) Type and Print Name

bizfileOnline.sos.ca.gov

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VX-5 STORAGE 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VX-5 STORAGE LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2024.

THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2024.

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

10017960 8300 SR# 20244321322

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 204973497

Date: 11-26-24