	Secretary of State
	Secretary of State Application for Registration Foreign Limited Partnership
	Foreign Limited Partnership

LP-5

ship (LP)

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

For Office Use Only

-FILED-

File No.: 202463900447 Date Filed: 9/13/2024

Note: Registered LPs 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/ .			Above Space For Office Use Only				
1. Name of Foreign LP (Only enter an alternate name if the foreign LP	name in Item 1a i	s not availab	ie in CA.)			-	
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the	1b. Enter the Alternate Name to be Used in California, if required					
CERVIN VENTURES SPV FUND, LP							
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached C	Certificate of Good	Standing.)					
Jurisdiction (State, foreign country or place where this LP is formed.)			•				
DELA	WARE						
3. Business Addresses (Enter the complete business addresses, it	erns 3a and 3b ca	nnot be a P.	O. Box or "in care	of an ind	ividual or	entity.;	
a. Street Address of Principal Office - Do not enter a P.O. Box	Street Address of Principal Office - Do not enter a P.O. Box City (no abbreviations)			State	State Zip Code		
820 RAMONA STREET, UNIT 200	PALO ALT	PALO ALTO			9430	1	
b. Mailing Address of Principal Office, if different than Item 3a City (no abbreviations)			State	Zip Code			
c. Address of required office in Jurisdiction of Formation, if any	City (no abbres	City (no abbreviations)		State	Zip Code		
Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only.	-	nia street ad	dress.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name				Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		State CA	Zip Cod	le	
CORPORATION - Complete Item 4c only. Only Include the name of the	registered agent (Corporation.			<u> </u>		
c. Catifornia Registered Corporate Agent's Name (if agent is a corporation) - Do n	ot complete Item 4a	or 4b					
CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS	IN CALIFORNIA	A AS CSC -	LAWYERS INC	ORPORA	ATING S	ERVICE	
5. General Partners (Enter the name and addresses of all the General	Partners. Attach	edditional pa	ges, if necessary.	·			
5a. General Partner's Name						·-	
CERVIN VENTURES SPV FUND GP, LLC		_					
5b. General Partner's Address	City (no abbreviations)		State	Zip Cod			
820 RAMONA STREET, UNIT 200	PALO ALTO		CS	94301			
6. Foreign Limited Liability Limited Partnership (Check this to	oox only if applicab	ie)					
Check this box if the foreign limited partnership is a foreign limited	d liability limited	partnership).				
All attachments are part of this document. I declare that I am ti deed. I further declare the information is true and correct, and			is instrument, v	vhich is	my act a	and	
Newy lupta.	NEER		MANAGER, CE	RVIN VE	ENTURE	s	
71 7 1 7							

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State

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The First State

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

DELAWARE, DO HEREBY CERTIFY "CERVIN VENTURES SPV FUND, LP" 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "CERVIN VENTURES SPV FUND, LP" IS A SERIES LIMITED PARTNERSHIP.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CERVIN VENTURES SPV FUND, LP" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204390898

Date: 09-13-24