State



Secretary of State

Application to Register a Foreign Limited

LLC-5

Liability Company (LLC)

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

For Office Use Only

-FILED-

File No.: 202464715550 Date Filed: 11/26/2024

California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	to	Thi	s Space For Office	lise O	nlv	
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of Goo					
Alpha Square Management, LLC	<u></u>		<u> </u>			
1b. California Alternate Name, If Required (Only enter an alterna	ite name if the LLC i	name in 1a no	t available in California	.)	·	
	<u>, </u>					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)			·			
b. Authority Statement (Do not alter Authority Statement)	,		<u> </u>		·	
This LLC currently has powers and privileges to conduct busing	ess in the state,	foreign cou	intry or place ente	red in I	Item 2a.	
3. Business Addresses (Enter the complete business addresses. Ite						
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviati		State	Zip Code		
888 Prospect Street, Suite 200	La Jolla	_a Jolla			92037	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviati	State		Zip Code		
			CA			
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	✓ 3a 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbreviation	State	Zip C	ode		
4. Service of Process (Must provide either Individual OR Corporation.)				 	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and Califomia	street addres	ss.			
Callifornia Agent's First Name (if agent is not a corporation)	Middle Name	La	ast Name		Suffix	
		_				
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviati	ons)	State	Zip C	Code	
			CA			
CORPORATION - Complete Item 4c only. Only include the name of the					·	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no						
Corporation Service Company Which Will Do Business in Califo	rnia as CSC - La	wyers Inco	rporating Services			
5. Read and Sign Below (Title not required.)			-			
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true a	nd correct a	and that I am autho	rized 1	to sign	
N. The	Semih L	Inalan				
Signature	Type and Print Name					

LLC-5 (REV 11/2023)





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

DELAWARE, DO HEREBY CERTIFY "ALPHA SQUARE MANAGEMENT, 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-FIFTH DAY OF NOVEMBER, A.D. 2024.

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

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

Authentication: 204969668

Date: 11-25-24