

## **Secretary of State**

LLC-5

## -FILED-

For Office Use Only

Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202464411111 Date Filed: 10/24/2024

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 \$8 California Franchise Tax Board each year. For more information, go https://www.flb.ca.gov/.	00 tax to the					
	·	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attach	ed Certificate of Goo	d Standing.)				
Fremont Gateway Properties BK6, LLC						
1b. California Alternate Name, If Required (Only enter an alternate of the Control of the Contro	ate name if the LLC	name in 1a not available	in Califomia	.)		
LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	Standing.)				
Jurisdiction (State, foreign country or place where this LLC is formed.)  Delaware						
b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct busing	ess in the state,	foreign country or p	lace enter	ed in It	 em 2a.	
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b cann	ot be a P.O. Box or "in ca	re of" an ind	lividual or	entity.)	
a. Street Address of Principal Office - Do лоt enter a P.O. Box	City (no abbreviati	abbreviations)		Zip Code		
Town Center Road, 3rd Floor	Boca Raton	ca Raton		33486		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviati	City (no abbreviations)		Zip Code		
c, If the Mailing Address is the same as item 3a or 3b, check the applicable box:	X 3а 3ъ				<u></u>	
d. Mailing Address - if different than Item 3a or 3b	City (no abbreviation	nns)	State	Zip Code		
<ol> <li>Service of Process (Must provide either Individual OR Corporation, INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full</li> </ol>		street address.	<u> </u>	<u>.l</u>		
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Lest Name			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviation	ns)	State CA	Zip Co	Zip Code	
CORPORATION - Complete item 4c only. Only include the name of the	registered agent Cor	poration,	<u> </u>	<u> </u>		
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no lational Registered Agents, Inc.	t complete Item 4a or	4b	····		<del></del>	
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 ar	d correct and that I	am author	rized to	sign	
1100 mont Videa	Meegan T.	Motisi				

Type and Print Name

LLC-5 (REV 11/2023)

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "FREMONT GATEWAY PROPERTIES BK6, 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-FOURTH DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREMONT GATEWAY PROPERTIES BK6, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2024.

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

at som delauere gov/auti

Authentication: 204711828

Date: 10-24-24