Secretary of State Application to Register a Foreig Liability Company (LLC)	LLC-5 gn Limited	FILED Secretary of State
IMPORTANT — Read Instructions before completing this for Must be submitted with a current Certificate of Good Standin government agency where the LLC was formed. See Instruction	g issued by the	State of California 202116110199 Filing Number
Filing Fee-\$70.00Copy Fees-First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00		06/08/2021 Filing Date
<i>Note:</i> Registered LLCs in California may have to pay minimum California Franchise Tax Board each year. For more to https://www.ftb.ca.gov.		This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Aspiration Growth Capital Advisors LLC

1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Ju	b. Jurisdiction (State, foreign country or place where this LLC is formed.)	
10 / 28 / 2013	Delaware	

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	City (no abbreviations)	State	Zip Code
528 Palisades Dr #545	Pacific Palisades	CA	90272
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
528 Palisades Dr #545	Pacific Palisades	CA	90272
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California 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 CA	Zip Code			
COPPOPATION - Complete Item 4c only . Only include the name of the registered agent Corporation							

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

Vcorp Services CA, Inc.

5. Read and Sign Below (See Instructions. 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.

0-4-

JOSEPH SANBERG

Type or Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPIRATION GROWTH CAPITAL ADVISORS 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 EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASPIRATION GROWTH CAPITAL ADVISORS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2013.

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



Authentication: 203397619 Date: 06-08-21

5422185 8300

SR# 20212390177 You may verify this certificate online at corp.delaware.gov/authver.shtml

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