

Secretary of State

Application to Register a Foreign Limited

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

CIPHER IP. LLC

Delaware

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the Catifornia Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

a. Jurisdiction (State, foreign country or place where this LLC is formed.)

b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box

c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: 🏻 3a

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

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

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

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

b. Authority Statement (Do not alter Authority Statement)

Street Address of Principal Office - Do not enter a P.O. Box

5151 California Avenue, Suite 100

d. Mailing Address - if different than item 3a or 3b

For Office Use Only

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File No.: 202463818554 Date Filed: 9/12/2024

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1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.) ø Ų ž Ħ 1b. California Alternate Name, if Required (Only enter an alternate name if the LLC name in 1a not available in California.) Q ø LLC Jurisdiction (Ensure that the jurisdiction matches the attached Certificate of Good Standing.) o. Ψ This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a. 3. Business Addresses (Enter the complete business addresses, theme 3a and 3b cannot be a P.O. Box or "in care of an individual or entity.) Zip Code 0 CA 92817 Ĭ Zip Code CA D Ø æ State Zip Code Ω ø ct

State

CA

Last Name

Read and Sign Below (Title not required.)

a. California Agent's First Name (If agent is not a corporation)

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

CORPORATION SERVICE COMPANY which will do business in California as CSC-Lawyers incorporating Service

falez

Michael Karas MICHAEL KARAS Type and Print Name

City (no abbreviations)

City (no abbreviations)

City (no abbreviations)

City (no abbreviations)

Middle Name

Irvine

Zip Code

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIPHER IP, 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 TENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIPHER IP, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2024.

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

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

Authentication: 204359361

Date: 09-10-24