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LLC-5 Secretary of State Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only

-FII FD-

File No.: 202463818855 Date Filed: 9/9/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certification Fee (Optional) - \$5.00

Note: Registered LLCs 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.

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

TRUE VC, LLC - SERIES 7 THERABODY

- 1b. California Alternate Name, If Required (Only enter an alternate name if the LLC name in 1a not available in California.)
- 2. LLC History (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. Jurisdiction (State, foreign country or place where this LLC is formed.)

Delaware 14 2024

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
444 W. Lake Street, Suite 4700	Chicago	IL	60606
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
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	Zip Code	
				CA		

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

Corporate Creations Network Inc. [C2250455]

Read and Sign Below (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

Caitlin Lazarus, Special Manager

Type or Print Name

Signature

LLC-5 (REV 03/2022)

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUE VC, LLC - SERIES 7 THERABODY" 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-THIRD DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE VC,

LLC - SERIES 7 THERABODY" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE VC, LLC - SERIES 7 THERABODY" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2024.



Authentication: 204232150

Date: 08-23-24