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**-FILED-**

File No.: 202464014003

Date Filed: 9/27/2024

**Secretary of State****LLC-5****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**

**Certified Copy 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.)

TPINE USA FUNDING III LLC

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

**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.)

Delaware

**b. 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 2a.

**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.)

|                                                                                                                                                             |                                              |                    |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------|--------------------------|
| <b>a. Street Address of Principal Office - Do not enter a P.O. Box</b><br>251 Little Falls                                                                  | <b>City (no abbreviations)</b><br>Wilmington | <b>State</b><br>DE | <b>Zip Code</b><br>19808 |
| <b>b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box</b>                                                                | <b>City (no abbreviations)</b>               | <b>State</b><br>CA | <b>Zip Code</b>          |
| <b>c. If the Mailing Address is the same as Item 3a or 3b, check the applicable box:</b> <input checked="" type="checkbox"/> 3a <input type="checkbox"/> 3b |                                              |                    |                          |
| <b>d. Mailing Address - If different than Item 3a or 3b</b>                                                                                                 | <b>City (no abbreviations)</b>               | <b>State</b>       | <b>Zip Code</b>          |

**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.

|                                                                                    |                    |                                |                    |
|------------------------------------------------------------------------------------|--------------------|--------------------------------|--------------------|
| <b>a. California Agent's First Name</b> (if agent is not a corporation)            | <b>Middle Name</b> | <b>Last Name</b>               | <b>Suffix</b>      |
| <b>b. Street Address</b> (if agent is not a corporation) - Do not enter a P.O. Box |                    | <b>City (no abbreviations)</b> | <b>State</b><br>CA |

**CORPORATION** - Complete Item 4c only. Only include the name of the registered agent Corporation.

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c. California Registered Corporate Agent's Name</b> (if agent is a corporation) - Do not complete Item 4a or 4b<br>Cogency Global Inc. |
|-------------------------------------------------------------------------------------------------------------------------------------------|

**5. Read and Sign Below** (Tide 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.

Signature

Type and Print Name

Tom Howse

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TPINE USA FUNDING III 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-SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TPINE USA FUNDING III LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2022.

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



6655154 8300

SR# 20243793212

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204490223

Date: 09-26-24

B3013-3734 09/27/2024 11:26 AM Received by California Secretary of State