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## Secretary of State

## Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

-FILED-

For Office Use Only

File No.: 202565317744 Date Filed: 1/10/2025

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 <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a>.

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 attach	ed Certificate of G	ood Standing.)				
TEAM PFS	Direct, LLC	·				
1b. California Alternate Name, If Required (Only enter an altern	nate name if the LL	Ç name in 1a not available i	n California.)	)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	d Certificate of Goo	d Standing.)		-		
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Dela	aware					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busi	iness in the stat	e, foreign country or pl	ace enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses.						
a. Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)		Zip Code		
3131 Camino del Rio N., Suite 650		San Diego		92108		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	X City (no abbrev	City (no abbreviations)		Zip Code		
3131 Camino del Rio N., Suite 650		San Diego		92108		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:						
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	City (no abbreviations)		Zip Code		
4. Service of Process (Must provide either Individual OR Corporation						
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	ıll name and Califor					
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	viations) State		Zip Code		
CORPORATION - Complete Item 4c only. Only include the name of the	e registered agent	Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 4	a or 4b				
Cogency	Global Inc.					
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	on herein is true	and correct and that I	am autho	rized to	sign	
Culter & Fright		Cullen Knights				
Signature	Type a	Type and Print Name				

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAM PFS DIRECT, 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 JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEAM PFS DIRECT, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2022.

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

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

7166028 8300 SR# 20250086764

Authentication: 202662882

Date: 01-10-25