



Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

For Office Use Only

-FILED-

File No.: 202464910712

Date Filed: 12/9/2024

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

Processing Fee: \$0 - The processing fee is waived for submissions submitted July 1, 2022 - June 30, 2023.

Certification Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board remains due and is not subject to the processing fee waiver. For more information, go to 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.)

S10 Cascades I, LLC

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)

10 / 3 / 2024

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

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

14 Corporate Plaza, Suite 210

City (no abbreviations)

Newport Beach

State

CA

Zip Code

92660

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

14 Corporate Plaza, Suite 210

City (no abbreviations)

Newport Beach

State

CA

Zip Code

92660

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)

Gary

Middle Name

Last Name

Carmell

Suffix

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

14 Corporate Plaza, Suite 210

City (no abbreviations)

Newport Beach

State

CA

Zip Code

92660

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

5. 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.

Signature

Gary Carmell

Type or Print Name

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S10 CASCADES I, 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 NINTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S10 CASCADES I, LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2024.

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



5391677 8300

SR# 20244431255

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 205072717

Date: 12-09-24

B3244-3590 12/09/2024 5:00 PM Received by California Secretary of State