



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

LLC-5

For Office Use Only

-FILED-

File No.: 202565411868

Date Filed: 1/16/2025

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 <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.)

Life Extension Institute, 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.)

a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
600 Fifth Avenue, 5th Floor	New York	NY	10020
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. If the Mailing Address is the same as item 3a or 3b, check the applicable box: <input checked="" type="checkbox"/> 3a <input type="checkbox"/> 3b			
d. Mailing Address - if different than item 3a or 3b	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

Corporation Service Company Which Will Do Business In California As CSC - Lawyers Incorporating Service

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

Adam Schuster
Type and 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 "LIFE EXTENSION INSTITUTE, 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 JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIFE EXTENSION INSTITUTE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 1993.

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



2334604 8300

SR# 20250078875

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

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

Authentication: 202656216

Date: 01-09-25