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## Secretary of State Application for Registration Foreign Limited Partnership (LP)

For Office Use Only

## -FILED-

File No.: 202463506317 Date Filed: 8/19/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs 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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1. Name of Foreign LP (Only enter an alternate name if the foreign LP	name in Item 1a is not availab	ste in CA.)	
<ol> <li>Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)</li> </ol>	1b. Enter the Alternate Name to be Used in California, if required.		
BIOLUMINESCENCE VENTURES FUND II, L.P.			
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Dertificate of Good Standing.)		· · · · · · · · · · · · · · · · · · ·
Jurisdiction (State, foreign country or place where this LP is formed.)		<del></del>	
Dela	iware		
3. Business Addresses (Enter the complete business addresses. I	tems 3a and 3b cannot be a P.	O. Box or "in care of" an inc	dividual or entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		Zip Code
501 SECOND STREET STE 500	SAN FRANCISCO	CA	94107
b. Mailing Address of Principal Office, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)	State	Zip Code
			<u></u>
4. Service of Process (Must provide either Individual OR Corporatio	•	11	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	· · · · · · · · · · · · · · · · · · ·		
California Agent's First Name (if agent is <b>not</b> 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
o. ottograduos (ii agont is not a componente).	Gily (ile aspiorialistic)	CA	
CORPORATION - Complete Item 4c only. Only include the name of th	e registered agent Corporation	<del> </del>	<u> </u>
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 4a or 4b	<del></del>	
Corporation Service Company Which Will Do Business	s In California As CSC	- Lawyers Incorpo	rating Service
5. General Partners (Enter the name and addresses of all the General	l Partners. Attach additional p	ages, if necessary.)	
5a. General Partner's Name			
Bioluminescence Ventures GP II, LLC			
5b. General Partner's Address	City (no abbreviations)	State	Zip Code
3583 Sacramento Street	SAN FRANCISCO	CA	94118
6. Foreign Limited Liability Limited Partnership (Check this	box only if applicable)		
Check this box if the foreign limited partnership is a foreign limite	ed liability limited partnershi	p.	
All attachments are part of this document. I declare that I am deed. I further declare the information is true and correct, and		nis instrument, which is	s my act and

LP-5

General Partner's Signature

LP-5 (REV 08/2023)

2023 California Secretary of State <u>bizfileOnline.sos.ca.gov</u>

Kouki Harasaki, Managing member of Bioluminescence

Ventures GP II LLC, General Partner

Type or Print Name

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## The First State

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

DELAWARE, DO HEREBY CERTIFY "BIOLUMINESCENCE VENTURES FUND II,

L.P." 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 SIXTEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOLUMINESCENCE VENTURES FUND II, L.P." WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2023.

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



Authentication: 204183392

Date: 08-16-24