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

For Office Use Only

-FILED-

B3207-1490 11/20/2024

California

Secretary

File No.: 202464717916 Date Filed: 11/20/2024

California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.		This Spac	ce For Office U	Jse Only	
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Go	od Standing.)			
Liberty Valley Insurance Services, LLC					
1b. California Alternate Name, If Required (Only enter an alternate	e name if the LLC	name in 1a not availa	ble in California.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached C	Certificate of Good	Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaw	are				
b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct busine	ess in the state	e, foreign country o	or place entere	ed in Item 2a.	
3. Business Addresses (Enter the complete business addresses. Item	ns 3a and 3b can	not be a P.O. Box or "in	n care of" an indi	vidual or entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevia			Zip Code	
5955 De Soto Ave., #250	Woodland	Voodland Hills		91367	
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:	3a 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.)			<u>'</u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full n	ame and Californ	ia street address.			
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Name Last Name		Suffix	(
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	abbreviations)		Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the n	egistered agent C	orporation.	'		
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 - Lawye	ers Incorpor	rating Service	ce
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct and th	at I am author	rized to sign	
Y of the	Jerry P	ickett			
Signature 0	Type an	d Print Name			

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

DELAWARE, DO HEREBY CERTIFY "LIBERTY VALLEY INSURANCE SERVICES,

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 NINETEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBERTY VALLEY INSURANCE SERVICES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

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



Authentication: 204908936

Date: 11-19-24