LLC-5 **Secretary of State Application to Register a Foreign Limited Liability Company (LLC)**

For Office Use Only

-FILED-

B3176-6660 11/14/2024

File No.: 202464615404 Date Filed: 11/14/2024

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

nttps://www.no.ca.gov/.		This Space For Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of G	ood Standing.)		
The HUB Design Innovation & Hospitality Services.	нс			
1b. California Alternate Name, If Required (Only enter an alternate		name in 1e not evailable in 6	California	١
1b. Camornia Alternate Name, ii Required (Only enter an alternate	te name ir the LL	5 name in Ta not available in t	Jainoiriia.)
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Goo	d 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 busine	ess in the stat	e, foreign country or plac	ce enter	ed in Item 2a
3. Business Addresses (Enter the complete business addresses. Item	ms 3a and 3b ca	nnot be a P.O. Box or "in care	of" an ind	ividual or entity.
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev		State	Zip Code
2400 Yorkmont Rd.	Charlotte		NC	28217
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbrev	•	State	Zip Code
			CA	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a3b			
d, Mailing Address - if different than item 3a or 3b	City (no abbrev	ations)	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 Califor	mia street address.		
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		Suffi
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	iations)	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 no	t complete Item 4	or 4b		
Corporation Service Company Which Will Do Business In Califo	rnia As CSC -	Lawyers Incorporating S	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.

Richard J. Rossitch - Assistant Secretary

Type and Print Name

Signature

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

DELAWARE, DO HEREBY CERTIFY "THE HUB DESIGN INNOVATION &

HOSPITALITY 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 FOURTEENTH DAY

OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE HUB DESIGN INNOVATION & HOSPITALITY SERVICES, LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2024.

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

at sorra del avec e sou/aut

Authentication: 204872088

Date: 11-14-24