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

-FILED-

For Office Use Only

B3178-9050 11/25/2024 5:00

ΡM

Received

California

Secretary

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File No.: 202464818835 Date Filed: 11/25/2024

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

Filing Fee - \$70.00

Certification 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.

			This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on y	our attache	d Certificate of Go	ood Standing.)				
True Capital Ventures, LLC - Series II							
1b. California Alternate Name, If Required (Only ente	r an alterna	te name if the LL(C name in 1a r	not available in	California.)	
	· · · · · · · · · · · · · · · · · · ·						
2. LLC History (Ensure that the formation date and jurisdictic	on match the	attached Certific	ate of Good S	tanding.)			
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jurisdiction (State, foreign country or place where					s LLC is fo	rmed.)	
08 / 13 / 2024	Delaware						
c. Authority Statement (Do not alter Authority Statement)		-N					
This LLC currently has powers and privileges to cond	luct busine	ess in the state	e, foreign co	ountry or place	ce enter	ed in Ite	em 2b.
3. Business Addresses (Enter the complete business ad	dresses. Ite	ms 3a end 3b can	not be a P.O.	Box or fin care	of an indi	vidual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)			State	Zip Code	
444 W. Lake Street, Suite 4700		Chicago			IL	60606	
b. Street Address of Principal Office in California, if any - Do not enter a P		City (no abbreviations)			State	Zip Code	
					CA		
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 C	'omoration '						
INDIVIDUAL - Complete Items 4a and 4b only. Must include a			ia street addre	258.			
a. California Agent's First Name (if agent is not a corporation)		Middle Name Last Name		ast Name			Suffix
		<u> </u>					
b. Street Address (if agent is not a corporation) - Do not enter a P.Q. Box		City (no abbreviations)			State	Zip Code	
					CA		
CORPORATION - Complete Item 4c only. Only include the na							
c. California Registered Corporate Agent's Name (if agent is a corporati		complete item 4a i	DF 40				
Corporate Creations Network Inc. [C225045	احا						
5. Read and Sign Below (Title not required.)							
By signing, I affirm under penalty of perjury that the infi on behalf of the foreign LLC,	ormation I	herein is true a	and correct	and that I an	n author	ized to	sign
		Caitlin	Lazarus,	Special M	lanage	r	
Signature		Type or Print Name					
LLC-5 (REV 03/2022)		• •			2022 Califo	rmia Secre	

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUE CAPITAL VENTURES, LLC - SERIES

II" 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 TWENTY-SECOND DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE CAPITAL VENTURES, LLC - SERIES II" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE CAPITAL VENTURES, LLC - SERIES II" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

Authentication: 204952717

Date: 11-22-24

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