

Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)

LLC-5

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

Mote: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

-FILED-

File No.: 202464513283 Date Filed: 11/5/2024

California Franchise Tax Board each year. For more information, go t		This Space For Office Use Only			1	
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Go	ood Standing	.)			
CIP CARLSBAD LLC				~		
1b. California Alternate Name, if Required (Only enter an alternate	te name if the LL	C name in 1a	not available in 0	California.))	
					-	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)		·		
a. Jurisdiction (State, foreign country or place where this LLC is formed.)			··			
Delav	vare					
b. Authority Statement (Do not after Authority Statement)		•				
This LLC currently has powers and privileges to conduct busine	ess in the state	e, foreign (country or plac	e entere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses, ite	ms 3a and 3b car	not be a P.C). Box or "in care	of an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
19762 MacArthur Blvd, Ste 300	Irvine	Irvine			92612	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
19762 MacArthur Blvd, Ste 300	Irvine			CA	92612	
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		e
	L					
4. Service of Process (Must provide either Individual OR Corporation.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and Californ	nia street ad	dress.	· ·- <u>-</u>		
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name		Suf		Suffix
	ļ				· · · · · · · · · · · · · · · · · · ·	<u> </u>
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
	<u></u>			CA	<u> </u>	
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	t complete Item 4a	or 4b				
Universal Registered Agents, Inc.			·			
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information	herein is true	and corre	ct and that I an	n author	rized to	sign

Eric C. Smyth Type and Print Name

LLC-5 (REV 11/2023)

Signature

2023 California Secretary of State bizfileOnline.sos.ca.gov



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIP CARLSBAD 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 FIFTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIP CARLSBAD LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2024.

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

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

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Authentication: 204798919

Date: 11-05-24