## **Secretary of State**

LLC-5

## Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only -FILED-

B3178-5804 11/25/2024

File No.: 202464716575

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.

go to impositionation			This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on you	ır attached	Certificate of Good Sta	inding.)			
True Capital Ventures, LLC - Series III						
1b. California Alternate Name, If Required (Only enter a	an alternat	e name if the LLC name	in 1a not available in	California.	)	
				·		
2. LLC History (Ensure that the formation date and jurisdiction	match the	attached Certificate of (	Good Standing.)	<u> </u>		
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b	b. Jurisdiction (State, foreign country or place where this			is LLC is fo	rmed.)	
08 / 13 / 2024	Delaware					,
c. Authority Statement (Do not alter Authority Statement)				· · · · · · · · · · · · · · · · · · ·		
This LLC currently has powers and privileges to conduc	ct busine	ess in the state, fore	eign country or pla	ce enter	ed in Itei	m 2b
3. Business Addresses (Enter the complete business addresses)						
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Code	2
444 W. Lake Street, Suite 4700		Chicago		IL	60606	
b. Street Address of Principal Office in California, if any - Do not enter		City (no abbreviations)		State	Zip Code	<b>&gt;</b>
. Mailing Address of Principal Executive Office, if different than Item 3a		City (no abbreviations)	<u> </u>	State	Zip Code	
c. Maning Address of Philopal Executive Office, it different than flem 5		City (no appreviations)		State	Zip Coue	e (
4. Service of Process (Must provide either Individual OR Cor	poration.)			-t		
INDIVIDUAL - Complete Items 4a and 4b only. Must include ag	ent's full n	ame and California stre	et address.		u	
a. 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.	x	City (no abbreviations)	<u>,,,,,,</u>	State	Zip Code	<sup>(</sup>
		<u> </u>		CA		
CORPORATION - Complete Item 4c only. Only include the name	ne of the re	egistered agent Corpora	tion.			,
c. California Registered Corporate Agent's Name (if agent is a corporation	) - Do not	complete Item 4a or 4b				
Corporate Creations Network Inc. [C2250455	]					'

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,

Caitlin Lazarus, Special Manager

Type or Print Name

Signature LLC-5 (REV 03/2022)

## Delaware The First State

Page 1

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

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

III" 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 III" IS A SERIES LLC REGISTERED SERIES.

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

at corp.delaware.gov/auth

Authentication: 204952734

Date: 11-22-24