

## Secretary of State

Application to Register a Foreign Limited

LLC-5

Liability Company (LLC)

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

Filing Fee - \$70.00

Signature

LLC-5 (REV 11/2023)

Certified Copy Fee (Optional) - \$5.00

For Office Use Only

## -FILED-

File No.: 202463519914 Date Filed: 8/21/2024

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Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	This	Space For Of	fice	Use On	lv	
12 LLC Name (False the great age of the LLC as find a great age of the LLC	4.004:50-10-50	<del></del>	Space For Or		036 OII	· <del>y</del>
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	ed Centificate or G	oo Stanoing.)	<u></u>			
WDAE Tax Credit Fund 126, LLC						
1b. California Alternate Name, If Required (Only enter an alterna	ate name if the LL	C name in 1a not	available in Calife	ornia	.)	
2 LLC turindiation (5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	D					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	a Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delav	vare	<del></del>				
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busin	ess in the state	e, foreign cour	ntry or place e	nter	ed in Ite	em 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b car	not be a P.O. Bo	x or "in care of" a	n ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	tions)	St	ate	Zip Code	
26050 Mureau Rd Suite 200	Calabasas		0	Ά	91302	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrevia	abbreviations)			Zip Code	
26050 Mureau Rd Suite 200	Calabasas	Calabasas			91302	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	/ 3a		·			
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)			ate	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.	)		<u> </u>		<del></del>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full it		ia street address.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name				Suffix
						]
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)			ate	Zip Coo	ie
			c	Α		
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent C	orporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not		·				
Cogency Global Inc.						
5. Read and Sign Below (Title not required.)	<del></del> -					
By signing, I affirm under penalty of perjury that the information	herein is true a	ind correct an	d that I am au	ithor	ized to	sian
on behalf of the foreign U.C. < /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Brian G	oldbara				
/ / [	Dilali <b>U</b>	nuveru				

Type and Print Name

2023 California Secretary of State

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## Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WDAE TAX CREDIT FUND 126, 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WDAE TAX CREDIT FUND 126, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2024.

OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2024.

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



Authentication: 204203275

Date: 08-20-24

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SR# 20243465647