

Secretary of State

LLC-5 eign Limited

Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202463815377 Date Filed: 9/9/2024

For Office Use Only

-FILED-

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 \$80 California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/ .	10 x to the to		This Space For	Office (Use On	ly
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of G	ood Standing	g.)			
DSO Acad	emy, LLC	<u></u>	· · · · · · · · · · · · · · · · · · ·			
1b. California Alternate Name, If Required (Only enter an alterna	te name if the U.	C name in 1	a not available in C	alifornia.)	
	·	^				
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.)	·					
Delay	vare					
b. Authority Statement (Do not alter Authority Statement)	-	-				
This LLC currently has powers and privileges to conduct busine	ess in the state	e, foreign	country or plac	e enter	ed in It	em 2a.
3. Business Addresses (Enter the complete business addresses, Ite	ms 3a and 3b car	not be a P.	O. Box or "in care o	of an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi			State	Zip Co	
915 Highland Pointe Drive, Ste 250	Roseville			CA	95678	
Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
915 Highland Pointe Drive, Ste 250	Roseville			CA	95678	
If the Malling Address is the same as item 3a or 3b, check the applicable box:	3a 3b					
i. Mailing Address - If different than Item 3a or 3b	City (no abbreviations)			State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)	·		·	1	·····
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		ria street ad	dress.			
B. California Agent's First Name (if agent is not a corporation)	Middle Name	ne Last Name			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)			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 not	complete Item 4a	or 4b				
Cogency G	lobal Inc.					
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC	herein is true	and corre	ct and that I am	author	rized to	sign
			Gary Bird	1		
Signature	Type an	d Print Na	-			
LC-5 (REV 11/2023)	74					etary of St
,					<u>bizfileOnfi</u>	ne.sos.ca.g

<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 "DSO ACADEMY, 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 SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DSO ACADEMY, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2023.

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



2449285 8300 SR# 20243624685

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

Authentication: 204334003

Date: 09-06-24