

Secretary of State

LLC-5

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

-FILED-

For Office Use Only

B3178-8313 12/05/2024

File No.: 202464816142 Date Filed: 12/5/2024

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

Processing Fee: \$0 - The processing fee is waived for submissions, submitted July 1, 2022 - June 30, 2023.

Certification Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board

information, go to ftb.ca.gov.	This Space For Office Use Only					
1a. LLC Name (Enter the exact name of the LLC as listed on y	our attached	Certificate of G	ood Standing.)			· · · · · ·
4200 Valley Dev Manager, LLC						
1b. California Alternate Name, If Required (Only ente	er an alternat	—————— e пате if the LL	C name in 1a not a	available in California.)	
2. LLC History (Ensure that the formation date and jurisdiction	on match the	attached Certific	ate of Good Stand	ling.)		
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)	b. Jurisdic	tion (State, fore	ign country or plac	e where this LLC is for	ormed.)	
11 / 15 / 2024	DE					
c. Authority Statement (Do not alter Authority Statement)	•				-	
This LLC currently has powers and privileges to cond	luct busine	ess in the stat	e, foreign coun	try or place enter	ed in Ite	m 2b.
3. Business Addresses (Enter the complete business ad	ldresses. Iten	ns 3a and 3b car	not be a P.O. Box	or "in care of" an ind	ividual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Bo	DΧ	City (no abbrevi	ations)	State	Zip Cod	le
1300 Dove Street, suite 200		Newport Beach		CA	9266	0
b. Street Address of Principal Office in California, If any - Do not enter a		a P.O. Box City (no abbreviation		State	Zip Cod	e
				CA		
c. Malling Address of Principal Executive Office, If different than Item 3		City (no abbreviations)			Zip Cod	е
4. Service of Process (Must provide either Individual OR C					.l	
INDIVIDUAL - Complete Items 4a and 4b only. Must include	agent's full n		·			
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.	Вох	lox City (no abbreviations)		State	Zip Coo	le
	İ			CA		
CORPORATION - Complete Item 4c only. Only include the n	ame of the re	egistered agent (Corporation.		<u>-</u>	
c. California Registered Corporate Agent's Name (if agent is a corporate	•	•				
Corporation Service Company Which Will Do E	susiness	in California	AS USU-La	wyers Incorpor	ating S	ervice
5 B 4 101 B 1 200 1 1 1 1						

Read and Sign Below (Title not required.)

By signing	, I affifijn under pjena	alty of perjury th	nat the information	herein is true and	correct and that	l am authorized to :	sigı
	of the foreign LUC.						_

Patrick Daniels Type or Print Name

<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 "4200 VALLEY DEV MANAGER, 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 FOURTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4200 VALLEY DEV MANAGER, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

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



Authentication: 205034416

Date: 12-04-24