

Secretary of State

LLC-5

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

For Office Use Only

-FILED-

B3234-0618

File No.: 202464815993 Date Filed: 12/6/2024

Must be submitted with a current Certificate of Good Standing iss government agency where the LLC was formed.	ued by the	Bate 1 1104: 12/0/25			
Filing Fee - \$70.00)				
Certified Copy Fee (Optional) - \$5.00	/				
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Note: Registered LLCs in California may have to pay minimum \$800 California Franchise Tax Board each year. For more information, go to					
https://www.ftb.ca.gov/. This Space For			r Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Good Standin	g.)			
Alclear Healthcare, LLC		to as minute.	*****		
Tudios Frediction of LEG					
1b. California Alternate Name, If Required (Only enter an alternate	e name if the LLC name in 1	a not available in Califo	ornia.)		*
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Good Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)				<u> </u>	
Delaw	vare				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state, foreign	country or place e	ntere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Itel	ms 3a and 3b cannot be a P.	O. Box or "in care of" a	n indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	S	tate	Zip Code	
85 Tenth Avenue, 9th Floor	New York		ίΥ	10011	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		tate	Zip Code	
			<u> </u>	<u></u>	
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)		tate	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.		ddroos			
INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full a. California Agent's First Name (if agent Is not a corporation)	Middle Name				Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	s	tate	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 no	t complete Item 4a or 4b	***			
Corporation Service Company Which Will Do Business In Califo	rnia As CSC - Lawyers	Incorporating Serv	rice		
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 com	ect and that I am a	utho	rized to	sign
HHY	Ken Cornick				
Signature	Type and Print N	lame			
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<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ALCLEAR HEALTHCARE, 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 DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCLEAR HEALTHCARE, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2014.

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



Authentication: 205061980

Date: 12-06-24