Secretary of State

LLC-5

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

-FILED-File No.: 202464117104

Date Filed: 10/3/2024

For Office Use Only

B3074-1146 10/03/2024

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

Filing Fee - \$70.00

Certified Copy 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.np.ca.gov/.		This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attack	ched Certificate of Go	od Standing.)				
ExED Facilities XXVII LLC						
dh Califarria Alfarrata Nama M Danniard (c		 				
1b. California Alternate Name, If Required (Only enter an alte	rnate name if the LLC	I name in 1a no	ot available in C	alifornia.	<u>)</u>	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	ed Certificate of Good	d Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Del	laware					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct bus	siness in the state	e, foreign co	untry or place	e enter	ed in Ite	m 2a.
B. Business Addresses (Enter the complete business addresses.	Items 3a and 3b can	not be a P.O. f	Box or "in care o	f' an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevia	City (no abbreviations)			Zip Code	
1990 South Bundy Dr., Suite 410	Los Angele	Los Angeles			90025	
o. Street Address of Principal Office in California, if any - Do not enter a P.O. B	iox City (no abbrevia	City (no abbreviations)			Zip Code	
.990 South Bundy Dr., Suite 410	Los Angele	Los Angeles			90025	
. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	: 🗸 3a 🔲 3b				· Ł · · · · · · · · · · · · · · · · · ·	
1. Mailing Address - if different than item 3a or 3b	City (no abbrevia	City (no abbreviations)			Zip Cod	le
4. Service of Process (Must provide either Individual OR Corporati	ion.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's f	full name and Californ	nia street addre	SS.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name Landecker				Suffix
Anita						
p. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia			State	Zip Code	
1990 South Bundy Dr., Suite 410	Los Angel			CA	90025	
CORPORATION - Complete Item 4c only. Only include the name of the	he registered agent C	orporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 4a	or 4b				
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	on herein is true :	and correct	and that I am	author	rized to	sign
Pa _	Robert	Robert F. Cowan				
Signature		d Print Name	e		_	
- (DEM 44 (ODER)	• ,			2023 Cali	fomia Secre	atony of C

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXED FACILITIES XXVII 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 FIRST DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXED FACILITIES XXVII LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2024.

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

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

Authentication: 204524218

Date: 10-01-24