

## Secretary of State **Application for Registration** Foreign Limited Partnership (LP)

## -FILED-

|  |   | 1                            |                  |                |         |
|--|---|------------------------------|------------------|----------------|---------|
| Secretary of State   | LP-5                                    |                              | or Office Use    | Only           |         |
| Application for Registration   |   | -FILED-                      |                  |                |         |
| Foreign Limited Partnership (LF  | P)                                      |                              | -1 1666          | <b>)-</b>      |         |
|  | •                                       | File No.: 2                  | 20246500096      | 0              |         |
|  |   | Date Filed                   | d: 12/13/2024    |                |         |
| oreign Certificate of Good Standing is required.   |   |                              |                  |                |         |
| iling Fee - \$70.00  | $(\mathbf{P})$                          |                              |                  |                |         |
| ertified Copy Fee (Optional) - \$5.00  | •                                       |                              |                  |                |         |
| ote: Registered LPs in California may have to pay minimum \$80 alifornia Franchise Tax Board each year. For more information, https://www.ftb.ca.gov/. |   | Above Space                  | e For Office     | Use Only       | ,       |
| . Name of Foreign LP (Only enter an alternate name if the foreign  | LP name in Item 1a                      | <u> </u>                     |                  |                |         |
| <ul> <li>a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of<br/>ood Standing.)</li> </ul>                                      |   | Alternate Name to be Used    | l in California, | if required    | d.      |
| 10 MOUNTAIN A SD LP  |   |                              |                  |                |         |
| . LP Jurisdiction (Ensure that the jurisdiction matches the attache  | ed Certificate of Good                  | Standing.)                   |                  | -              |         |
| urisdiction (State, foreign country or place where this LP is formed.)   |   |                              |                  |                |         |
| D  | elaware                                 |                              |                  |                |         |
| . Business Addresses (Enter the complete business addresse   | s. Items 3a and 3b ca                   | innot be a P.O. Box or "in o | are of" an ind   | ividual or e   | entity. |
| Street Address of Principal Office - Do not enter a P.O. Box   | City (no abbre                          | City (no abbreviations)      |                  | Zip Code       |         |
| 233 S. Wacker Dr., Suite 4700  | Chicago                                 | Chicago                      |                  | 60606          |         |
| Mailing Address of Principal Office, if different than item 3a   | City (no abbre                          | viations)                    | State            | Zip Cod        | ə       |
| Address of required office in Jurisdiction of Formation, if any  | City (no obbro                          | City (no abbreviations)      |                  | State Zip Code |         |
| Address of required office in Julisdiction of Contacton, it any  | City (no abbie                          | City (no accreviations)      |                  | Zip Coo        | e       |
| . Service of Process (Must provide either Individual OR Corpora  | ation.)                                 | <del></del>                  |                  | <u></u>        |         |
| INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's   | s full name and Califo                  | mia street address.          |                  |                |         |
| . California Agent's First Name (if agent is not a corporation)  | Middle Name                             | Last Name                    |                  |                | Suff    |
| Street Address (if agent is not a corporation) - Do not enter a P.O. Box   | City (no abbre                          | viations)                    | State            | Zip Cod        | e       |
| (  | ( ),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,                            | CA               |                |         |
| CORPORATION - Complete Item 4c only. Only include the name of  |   |                              | •                |                |         |
| California Registered Corporate Agent's Name (if agent is a corporation) - E   | '                                       |                              |                  |                |         |
| orporation Service Company Which Will Do Busine  | ess In California                       | a As CSC - Lawyers           | Incorpor         | ating S        | ervi    |
| . General Partners (Enter the name and addresses of all the Gen  |   |                              |                  |                |         |
| a. General Partner's Name<br>310 Mountain A SD GP LLC  |   |                              |                  |                |         |
| b. General Partner's Address   | City (no abbre                          | City (no abbreviations)      |                  | ate Zip Code   |         |
| 233 S. Wacker Dr., Suite 4700  | Chicago                                 | rigitorio <sub>j</sub>       | State<br>IL      | 60606          |         |
| Foreign Limited Liability Limited Partnership (Check th  |   | na)                          |                  | T0000C         |         |
| i Stergii Emitteo Erabinty Emitted Partnership (Check ir   | ns box only it applicat                 |                              |                  |                |         |
|  |   |                              |                  |                |         |
| Check this box if the foreign limited partnership is a foreign lim   | nited liability limited                 | partnership.                 |                  |                |         |

General Partner's Signature

Lakecia Stanford, Assistant Secretary of B10 Mountain A SD GP

LLC, general partner

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 "B10 MOUNTAIN A SD LP" 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B10 MOUNTAIN A SD LP" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2024.

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



Authentication: 205124988

Date: 12-13-24