Secretary of State

LLU-3

-FILED-

Secretary of State						
Application to Register a Foreign Liability Company (LLC)	Limited	For O	ffice Use	Only	\neg	
THE COMPANY OF THE CO		-FILE		, l		
Must be submitted with a current Certificate of Good Standing is: government agency where the LLC was formed. Filing Fee - \$70.00	cy where the LLC was formed.		202463818892 d: 9/9/2024			
Certified Copy Fee (Optional) - \$5.00						
lote: Registered LLCs in California may have to pay minimum \$80 california Franchise Tax Board each year. For more information, go ttps://www.fib.ca.gov/.		This Space For	Office!	Use Oni	у	
a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Good Sta	anding.)				
Frue VC, LLC – Series 15						
b. California Alternate Name, If Required (Only enter an alterna	te name it the LLC hame	BIL IS LOC SASILACIES IN	Janiomia.) 		
LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Stan	ding.)		un		
. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delav	vare		·····			
Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busine	ess in the state, fore	eign country or plac	æ enter	ed in Ite	∍m 2a	
Business Addresses (Enter the complete business addresses, Ite	ms 3a and 3b cannot be	a P.O. Box or "in care	of" an ind	ividual or	entity.	
Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	te Zip Code		
44 W. Lake Street, Suite 4700	Chicago		ΙL	60606		
Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zīp Code		
01 California Street, Suite 2900	San Francisco		CA	94111		
If the Mailing Address is the same as item 3a or 3b, check the applicable box:	/ 3a 3b					
Mailing Address - if different than item 3a or 3b	City (no abbreviations)	ations) State		Zip Code		
 Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full r 		et address		L		
California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffin	
Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	ons) State CA		Zip Coo	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the re	egistered agent Corpora	fion.		<u> </u>	_	
California Registered Corporate Agent's Name (if agent is a corporation) - Do not						
orporate Creations Network Inc.						
Read and Sign Below (Title not required.)						
y signing, I affirm under penalty of perjury that the information I behalf of the foreign LLC.	nerein is true and α	orrect and that i am	author	ized to	sign	
Manning Ches		en, <mark>Special</mark> Mana	ager			
Signature	Type and Prin					

LLC-5 (REV 11/2023)

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUE VC, LLC - SERIES 15" 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE VC, LLC - SERIES 15" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE VC, LLC -SERIES 15" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2024.



Authentication: 204233794

Date: 08-23-24