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Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

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

For Office Use Only

-FILED-

File No.: 202463910358 Date Filed: 9/13/2024

Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go thttps://www.ftb.ca.gov/.	0 tax to the to	This Space For Office (Jse Only	•
1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)				
CERVIN VENTURES SPV FUND GP, LLC				
1b. California Atternate Name, if Required (Only enter an alternate name if the LLC name in 1a not available in California.)				
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed)				
DELAWARE				
b. Authority Statement (Do not after Authority Statement)		<u> </u>		
This i LC currently has powers and privileges to conduct busing	ess in the state, foreign	country or place enter	ed in ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	rms 3a and 3b cannot be a P.	O. Box or "in care of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code	
820 RAMONA STREET, UNIT 200	PALO ALTO	CA	94301	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code	
820 RAMONA STREET, UNIT 200	PALO ALTO		94301	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: 2 3a 3b				
d. Mailing Address - If different than item 3a or 3b	City (no abbreviations) State		Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)			
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and California street at	idress.		
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. Box	City (no abbreviations)	State	Zip Cod	<u> </u>
D. Street Address (tragent is not a corporation) - Do not enter a 7.0.000	Only (the approviations)	CA	200	~
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Compretion			
c. California Registered Corporate Agent's Name (if agent is a corporation) — Do no				-
CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS		- LAWYERS INCORPOR	ATTNG 9	ERVICE
	114 G121 G141211 G GG	S III TEID INCOIL CI		
 Read and Sign Below (Title not required.) By signing, I affirm under penalty of perjury that the information 	homin is true and com	act and that I am autho	rizad ta	eian
on behalf of the foreign LLC.	Helelli is and and chil	ou and ulest only edule	iizeu iU	Jign
Necust cupta.	NEERAJ GUPTA, MANAGER			
Signature	Type and Print N	ame		

LLC-5 (REV 11/2023)





2023 California Secretary of State bizfileOnline.sos.ca.gov

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The First State

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

DELAWARE, DO HEREBY CERTIFY "CERVIN VENTURES SPV FUND GP, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "CERVIN VENTURES SPV FUND GP, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CERVIN VENTURES SPV FUND GP, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204390899

Date: 09-13-24