

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.: 202463917044 Date Filed: 9/18/2024

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.ftb.ca.gov/.				This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attact	hed Cer	ificate of G	ood Standing	.)		***************************************	mm::::::::::::::::::::::::::::::::::::	
Woodside AI Services LLC						-		
1b. California Alternate Name, If Required (Only enter an alter	nate nar	ne if the LL	C name in 1a	not available in (California.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attache	ed Certifi	cate of God	ed Standing.)					
a. Jurisdiction (State, foreign country or place where this LLC is formed.)								
De!	ewere	!						
b. Authority Statement (Do not alter Authority Statement)				oninen arasmastonen	******************************			
This LLC currently has powers and privileges to conduct bus	iness i	n the stat	e, foreign o	country or plac	e enten	ed in Ite	am 2a.	
3. Business Addresses (Enter the complete business addresses.	Items 3a	and 3b ca	nn ot be s P.C). Box or "in care	of" an ind	ividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box		(no abbrev			State	Zip Code		
2920 Woodside Rd.	W	Voodside			CA	9406	2	
b. Street Address of Principal Office in California, if any - Do not enter a P.D. Bo	ox City	lity (no abbreviations)			State	Zip Cot	de	
2920 Woodside Rd.	W	oodside			CA	94062		
c, If the Mailing Address is the same as item 3a or 3b, check the applicable box:	[✓] 3a	3b	******			- Caracana		
d. Mailing Address - if different than item 3a or 3b	City	(no abbrevi	iations)		State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation	on.)	······································			~~~ <u>~~~~~~</u>			
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi	ull name	and Califor	nia street add	Iress.	4			
a. California Agent's First Name (if agent is not a corporation)	Mix	d ia Name	Last Name				Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City	(no abbrev	viations)		State CA	Zip Gode		
CORPORATION - Complete Item 4c only. Only include the name of the	ne regist	ered agent	Corporation.				***************************************	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not comp	dete Item 4a	or 4b	······································				
Cogency Global Inc.								
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 here	in is true	and correc	ct and that I ar	n autho	rized to	sign	
- Tolk		***************************************	ng "Edwa					
Signature		Type ar	nd Print Na	me				
LLC-5 (REV 11/2023)	; ·······				2023 Cali	fornia Secr	relary of Sta	

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "WOODSIDE AI SERVICES 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WOODSIDE AI SERVICES LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2024.

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

4648339 8300

Authentication: 204412928

Date: 09-17-24