



Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only

-FILED-

File No.: 202464117819

Date Filed: 10/3/2024

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.ftb.ca.gov/>.

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1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Six-K Saddle City LLC

1b. California Alternate 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.)

Hawaii

b. Authority Statement (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "In care of" an individual or entity.)

a. Street Address of Principal Office - Do not enter a P.O. Box 7040 Hawaii Kai Dr #25640	City (no abbreviations) Honolulu	State HI	Zip Code 96825
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box 5700 Flynn Creek Rd	City (no abbreviations) Comptche	State CA	Zip Code 95427
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: <input type="checkbox"/> 3a <input type="checkbox"/> 3b			
d. Mailing Address - if different than item 3a or 3b PO Box 25640	City (no abbreviations) Honolulu	State HI	Zip Code 96825

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 address.

a. California Agent's First Name (if agent is not a corporation) Patricia	Middle Name	Last Name Coulson	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 5700 Flynn Creek Rd	City (no abbreviations) Comptche	State CA	Zip Code 95427

CORPORATION - Complete item 4c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 4a or 4b

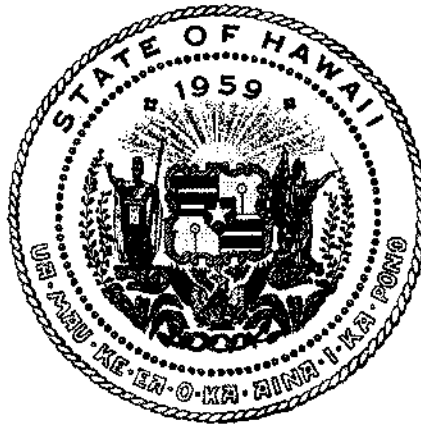
5. Read and Sign Below (Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

Patricia Coulson

Type and Print Name



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

SIX-K SADDLE CITY LLC

was organized under the laws of the State of Hawaii on 06/15/2004 ; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: May 21, 2024

Director of Commerce and Consumer Affairs