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

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LP-5

For Office Use Only

## -FILED-

File No.: 202464405943 Date Filed: 10/29/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a>.

tps://www.ftb.ca.gov/.		Above Space For Office Use Only			
1. Name of Foreign LP (Only enter an alternate name if the foreign	LP name in Item 1a is	not available in CA.)		,	
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	f 1b. Enter the A	1b. Enter the Alternate Name to be Used in California, if required.			
B9 Sequoia Bay Center Business Owner LP					
2. LP Jurisdiction (Ensure that the jurisdiction matches the attache	ed Certificate of Good	Standing.)			
Jurisdiction (State, foreign country or place where this LP is formed.)				- · · · · · · · · · · · · · · · · · · ·	
D	elaware				
3. Business Addresses (Enter the complete business addresse	s. Items 3a and 3b car	enot be a P.O. Box or "in care	of an indi	vidual or entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		Zip Code	
345 Park Avenue	New York	New York		10154	
b. Mailing Address of Principal Office, if different than Item 3a	City (no abbrev	City (no abbreviations)		Zip Code	
c. Address of required office in Jurisdiction of Formation, if any	City (no abbrev	City (no abbreviations)		Zip Code	
<ol> <li>Service of Process (Must provide either Individual OR Corpora INDIVIDUAL — Complete Items 4a and 4b only. Must include agent's</li> </ol>	•	nia street address.			
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 abbrev	City (no abbreviations)		Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of	f the registered agent	Corporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – I					
Corporation Service Company Which Will Do Busine				ating Service	
5. General Partners (Enter the name and addresses of all the Gen	neral Partners. Attach	additional pages, if necessar	/·)		
5a. General Partner's Name B9 Sequoia S1 CA GP LLC					
5b, General Partner's Address	City (no abbre	City (no abbreviations)		Zip Code	
345 Park Avenue	New York	New York		10154	
6. Foreign Limited Liability Limited Partnership (Check t	his box only if applicat	ile)	,	<u> </u>	
Check this box if the foreign limited partnership is a foreign lin	mited liability limited	partnership.			
All attachments are part of this document. I declare that I a deed. I further declare the information is true and correct, a	and I am authorize				
////	,	a A. Huffman, Chief A			
General Partner's Signature		Type or Print Name			

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

DELAWARE, DO HEREBY CERTIFY "B9 SEQUOIA BAY CENTER BUSINESS OWNER

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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B9 SEQUOIA BAY

CENTER BUSINESS OWNER LP" WAS FORMED ON THE TWENTY-FOURTH DAY OF

OCTOBER, A.D. 2024.

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

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Authentication: 204723632

Date: 10-25-24