

Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

-FILED-File No.: 202464815454

For Office Use Only

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Date Filed: 12/3/2024

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.fib.ca.gov/.		This Space			For Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of C	ood Standing	.)				
W/WM Logis	tics, LLC						
1b. California Alternate Name, If Required (Only enter an alternate	name if the LL	.C name in 1a	not available in (California.)	\		
LLC Jurisdiction (Ensure that the jurisdiction matches the attached Co	ertificate of Go	od Standing.)					
a. Jurisdiction (State, foreign country or place where this LLC is formed.)							
Delawa	are						
b. Authority Statement (Do not alter Authority Statement)							
This LLC currently has powers and privileges to conduct business	ss in the sta	te, foreign o	country or plac	e entere	ed in Ite	em 2a.	
3. Business Addresses (Enter the complete business addresses, Item	is 3a and 3b ca	annot 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	/iations)	State	Zip Code			
100 Congress Avenue, Suite 2200		Austin	TX	78701			
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrev	ty (no abbreviations)		State	Zip Code		
				CA			
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a 3 b						
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	(no abbreviations)		State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation.)		·	!		L		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full na	ame and Califo	rnia street add	ress.				
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 abbre		ity (no abbreviations)		State	Zip Cod	ide	
				CA			
CORPORATION - Complete Item 4c only. Only include the name of the re	gistered agent	Corporation.			·		
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not c	complete Item 4	a or 4b					
Cogency Glo	obal Inc.						
5. Read and Sign Below (Title not required.)							
By signing, I affirm under penalty of perjury that the information hon behalf of the fore ign LLC.	ierein is true	and correc	t and that I an	n author	ized to	sign	
1/1-			Nathan Mur	phy			
Signature	Type ar	nd Print Na					
LLC-5 (REV 11/2023)					ornia Secre bizlileOnli r		



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The First State

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

DELAWARE, DO HEREBY CERTIFY "WWM LOGISTICS, 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 THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WWM LOGISTICS, LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2016.

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



Authentication: 205018757

Date: 12-03-24