LLC-5 **Secretary of State** Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only

-FILED-

B3207-1478 11/20/2024

PM Received by California

Secretary

File No.: 202464713683 Date Filed: 11/20/2024

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/ .	0	This Space I	For Office l	Jse Only	1
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	I Certificate of Go	ood Standing.)			
MDC PPW Phase I Member, LLC					
1b. California Alternate Name, If Required (Only enter an alternate	e name if the LL	C 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 alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign country or p	place enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Iter	ms 3a and 3b car	nnot be a P.O. Box or "in c	are of" an ind	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Code	
11995 El Camino Real	San Diego	CA	92130		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrevi	State	Zip Code		
11995 El Camino Real	San Diego	CA	92130		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: 23a 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation.))			<u>I</u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full r	name and Califor	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 abbrevi	o abbreviations)		Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent	Corporation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a	or 4b			
Corporation Service Company Which Will Do Business In Califor	rnia As CSC -	Lawyers Incorporatin	ig Service		
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.			I am autho	rized to	sign
	Bianca Martinez				
Signature	Type ar	nd Print Name	2022 0-1	fornio Co~	etary of State
LLC & (DEV 44/2022)			707.1 (21)	COURT SECT	ardividi Male

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The First State

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

DELAWARE, DO HEREBY CERTIFY "MDC PPW PHASE I MEMBER, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDC PPW PHASE I MEMBER, LLC" 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.



Authentication: 204921639

Date: 11-20-24