LLC-5

## **Secretary of State**

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

For Office Use Only

## -FILED-

B3013-6366

File No.: 202464219240 Date Filed: 10/17/2024

Must be submitted with a current Certificate of Good Standing is	sued by the		Date Filed. 1	0/11/2024	•	
government agency where the LLC was formed.						
Filling 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 <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a> .		This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	ed Certificate of G	l	·			•
HG AIR SM BUR JV I LLC						
TO AIR SHI BORSV I LEO						
1b. California Alternate Name, If Required (Only enter an alternate	ata nama if tha LL	C name in 1	not available in	California	١	
ib. Camorna Anemate Name, ii Required (Omy enter an allem	ate name ii ine LL	O name in 10	s not available in	Camornia.,	,	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	od Standing.)				
<ul> <li>a. Jurisdiction (State, foreign country or place where this LLC is formed.)</li> </ul>	ware					
	ware					
b. Authority Statement (Do not alter Authority Statement)  This LLC currently has powers and privileges to conduct business.	sace in the etai	to foreign	country or pla	oo ontor	ad ia lta	.m 2a
This LLC currently has powers and privileges to conduct busin						
3. Business Addresses (Enter the complete business addresses. It	<del></del>		O. Box or "in care	of" an ind		
a. Street Address of Principal Office - <b>Do not enter a P.O. Box</b> 1 <b>Meadowland</b> s Plaza	City (no abbrev	Rutherford			Zip Code 07073	
b. Street Address of Principal Office in California, <b>If any - Do not enter a P.O. Box</b>		o abbreviations)			Zip Code	
b. Sheet Address of Filliopal Office in Gallionia, it any - bo not sheet a F.O. Box	City (no abbiev	City (no abbreviations)			Zip Code	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:				CA	]	
d. Mailing Address - if different than item 3a or 3b		City (no abbreviations)			Zip Coo	de
•					te Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	l 1.)			•		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's ful		rnia street ad	dress.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name Las		Last Name			Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbrev	riations)		State	Zip Code	
				CA		
CORPORATION – Complete Item 4c only. Only include the name of the		•				
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do n	•				_	
Corporation Service Company Which Will Do Business In Cal	IIOFIIIA AS CSC	- Lawyer:	s incorporating	Service	=	
5. Read and Sign Below (Title not required.)						_1
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	n nerein is true	and corre	ectano that I a	m autho	rized to	sign
File Waster and	Jordi M	Martin-Consuegra				
Signature	Type a	nd Print Na	ame			
LLC-5 (REV 11/2023)				2023 Cal	ifornia Seci	retary of St

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## The First State

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

DELAWARE, DO HEREBY CERTIFY "HG AIR SM BUR JV I 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 OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HG AIR SM BUR JV

I LLC" WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2024.

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



Authentication: 204656122

Date: 10-17-24