Stat



Secretary of State

LLC-5



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



For Office Use Only

-FILED-

File No.: 202463912664 Date Filed: 9/16/2024

Note: Registered LLCs in California may have to pay minimum California Franchise Tax Board each year, For more information https://www.ftb.ca.gov/ .	tax to the , go to	This Space For Office Use Only		у	
1a. LLC Name (Enter the exact name of the LLC as listed on your att	ached Certificate of Go	ood Standing.)			
BTBB-2,LLC					
1b. California Alternate Name, If Required (Only enter an al	ternate name if the LL	name in 1a not availa	able in California.)	
LLC Jurisdiction (Ensure that the jurisdiction matches the attack	ched Certificate of Goo	d Standing.)	·············		
a. Jurisdiction (State, foreign country or place where this LLC is formed	.)				
D	elaware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct b	usiness in the stat	e, foreign country (or place enter	ed in Ite	am 2a.
3. Business Addresses (Enter the complete business addresse	es, Items 3a and 3b car	not be a P.O. Box or "	in care of an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Code	
7020 Whitewater St.	Carisbad	Carisbad		92011	
b. Street Address of Principal Office in California, If any - Do not enter a P.O.	Box City (no abbrevi	City (no abbreviations)		Zip Code	
7020 Whitewater St.	Carlsbad	Carlsbad		92011	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable bo	эх: 🗶 За 🔲 3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	City (no abbreviations)		Zip Code	
Service of Process (Must provide either Individual OR Corporal INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's	-	nia street address.		<u> </u>	
a. California Agent's First Name (if agent is not a corporation)	Middle Name	lle Name Last Name		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	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) - E	Do not complete Item 4a	or 4b			
Cogency Global Inc.					
5. Read and Sign Below (Title not required.)	· · · · · · · · · · · · · · · · · · ·				
By signing, I affirm under penalty of perjury that the informa on behalf of the foreign LLC.	ition herein is true	and correct and th	at I am autho	rized to	sign
Her San	Bryce /	Nberg			
Signature	Type an	d Print Name			
LLC-5 (REV.11/2023)			2023 Calif	fornia Secri	etary of State

pizale Onine sos, ca. gov

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "BTBB-2, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BTBB-2, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2024.

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

and soon delaware gov/aut

4887013 8300 SR# 20243695436

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204399505

Date: 09-16-24