

Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only

-FILED-

File No.: 202464013969 Date Filed: 9/24/2024

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



LLC-5

Note: Registered LLCs in California may have to pay minimum California Franchise Tax Board each year. For more information, https://www.ftb.ca.gov/ .		This Spa	ice For Office l	Jse Only	í	
1a. LLC Name (Enter the exact name of the LLC as listed on your atta	ached Certificate of Good					
Altade	na 1 Inv, LLC	28. Jan. 1. Ja				
1b. California Alternate Name, If Required (Only enter an all	ternate name if the LLC na	me in 1e not avail	able in California.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attac	ched Certificate of Good S	tanding.)				
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 but	usiness in the state, f	oreign country	or place enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresse	s. Items 3a and 3b cannot	be a P.O. Box or *	in care of an indi	ividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box		y (no abbreviations)		Zip Code		
3121 Michelson Drive, Suite 150	1 ,	Irvine		92612		
b. Street Address of Principal Office in California, if any - Do not enter a P.O.	Box City (no abbreviation	City (no abbreviations)		Zip Code		
3121 Michelson Drive, Suite 150		Irvine		92612		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable bo	эх: X 3a 3b				<u></u>	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Cod	8	
4. Service of Process (Must provide either Individual OR Corpora	ation.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's	i full name and California s	street address.				
 a. California Agent's First Name (if agent is not a corporation) 	Middle Name	Last Nan	ne		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviation	18)	State CA	Zip Cod	le	
CORPORATION - Complete Item 4c only. Only include the name of	f the registered agent Corp	oration.		. <u>l</u>		
c. California Registered Corporate Agent's Name (if agent is a corporation) - D					,	
Cogeno	cy 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	d correct and th	at I am autho	rized to	sign	
		Scot	t Homan			
Signature	Type and F	Type and Print Name				
_						

Delaware
The First State

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

DELAWARE, DO HEREBY CERTIFY "ALTADENA 1 INV, 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 TWENTY-NINTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTADENA 1 INV, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2024.

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



Authentication: 204273049

Date: 08-29-24