## **Secretary of State**

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

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

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

## -FILED-

B3207-5321 11/25/2024

5:00

PM Received

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California

Secretary

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File No.: 202464718171 Date Filed: 11/25/2024

https://www.ftb.ca.gov/.			Space For Office	or Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of G	ood Standing.)				
FCA University Park Pref, LLC		<u>.</u>				
1b. California Alternate Name, If Required (Only enter an alternate	te name if the LL	C name in 1a not a	vailable in California	1.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	<u> </u>					
Delav	vare					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign count	try or place ente	red in Ite	em 2a.	
3. Business Addresses (Enter the complete business addresses. Itel	ms 3a and 3b car	nnot be a P.O. Box	or "in care of" an in	dividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)			Zip Code	
312 S Cedros Ave Suite 301	Solana Beach		CA	9207	92075	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Co	Zip Code	
312 S Cedros Ave Suite 301	Solana Be	CA	9207	92075		
If the Mailing Address is the same as item 3a or 3b, check the applicable box: 🔽 3a 🔲 3b						
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Cox	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.  NDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full in		nia atropt address	l .			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	······································			Suffix	
a. Cambina / gonto / not ramo (n agonto nat 2 corporation)	(7),23(3) 73(1)	, tamo		June		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Co	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 Californi	a As CSC-Lav	wyers Incorpo	rating	Service	
5. Read and Sign Below (Title not required.)			<u> </u>			
By signing, I affirm under penalty of perjury that the information on behalf of the loreign LLC.		and correct and	d that I am autho	orized to	sign	
Signature	Type an	d Print Name				
LLC-5 (REV 11/2023)			2023 Ca	lifomia Secr	etary of State	

bizfileOnline.sos.ca.gov

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

DELAWARE, DO HEREBY CERTIFY "FCA UNIVERSITY PARK PREF, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

Authentication: 204892009

Date: 11-15-24