Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

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.: 202464519554 Date Filed: 11/12/2024

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/.			This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of G	ood Standing	j.)				
Legalist Government Receivables (Offshore) Holdings	s, LLC		•				
1b. California Alternate Name, If Required (Only enter an alternat	e name if the LL	C name in 1	a not available in C	alifornia.))		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Go	od Standing.))				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)							
Delaw	are		•				
b. Authority Statement (Do not alter Authority Statement)	· · · · · · · · · · · · · · · · · · ·						
This LLC currently has powers and privileges to conduct busine	ess in the sta	te, foreign	country or place	e enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses, Iter	ms 3a and 3b ca	nnot be a P.	O. Box or "in care o	of" an indi	ividual or	entity.)	
a, Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
2700 19th St.	San Francisco			CA	94110		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
				CA			
c. 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 abbrev	City (no abbreviations) State			Zip Coo	Zip Code	
58 W. Portal Ave., No. 747	San Francisco			CA	94127		
4. Service of Process (Must provide either Individual OR Corporation.)						
INDIVIDUAL - Complete items 4a and 4b only. Must include agent's full	name and Califo	rnia street ac	idress.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name		Last Name			Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbre	riations)		State	Zip Co	de	
				CA			
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent	Corporation					
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	t complete Item 4	a or 4b					
Corporation Service Company Which Will Do Business In Califo	rnia As CSC -	Lawyers 1	Incorporating S	Service			
5. Read and Sign Below (Title not required.)							

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

LLC-5

Brian T. Rice, Member

Type and Print Name

on behalf of the foreign LLC.

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The First State

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

DELAWARE, DO HEREBY CERTIFY "LEGALIST GOVERNMENT RECEIVABLES

(OFFSHORE) HOLDINGS, 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 TWELFTH DAY OF

NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGALIST GOVERNMENT RECEIVABLES (OFFSHORE) HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204852989

Date: 11-12-24