Secretary of State

Application to Register a Foreign Limited

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	Application to Register a Foreign Limited			For Of	ffice Use	Only	
	Liability Company (LLC)			-FI	ILEC)-	
OLIFO REAL							
]	File No.: 20246			
	nitted with a current Certificate of Good Standing pency where the LLC was formed.	issued by the		Date Filed: 10/	/31/2024		
Filing Fee - \$7	70.00						
Certified Copy	y Fee (Optional) - \$5.00						
Note: Register California Fran https://www.ftb	ed LLCs in California may have to pay minimum \$ chise Tax Board each year. For more information, <u>o</u> .ca.gov/.	\$800 tax to the go to		This Space For 0	Office I	lse Only	ı
1a. LLC Nam	e (Enter the exact name of the LLC as listed on your attact	ched Certificate of G	1.	<u>-</u>		300 O.III,	
	etaluma Town Plaza GP, L.L.C.						
	calana romi raza di , E.E.C.						
41. 6.176. 1			 				
1b. California	a Alternate Name, If Required (Only enter an alte	rnate name if the LL	.C name in 1a	not available in Ca	alifornia.))	
	•						
2. LLC Juris	sdiction (Ensure that the jurisdiction matches the attach	ed Certificate of Goo	od Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
	Del	laware					
b. Authority Sta	stement (Do not alter Authority Statement)						
This LLC curi	rently has powers and privileges to conduct bus	siness in the stat	te, foreign o	country or place	e enter	ed in Ite	m 2a.
3. Business	Addresses (Enter the complete business addresses.	. Items 3a and 3b ca	nnot be a P.C). Box or "in care o	f" an indi	ividual or	entity.)
a. Street Address	ddress of Principal Office - Do not enter a P.O. Box City (no abbreviations)			State	Zip Code		
3819 Maple Avenue		Dallas	Dallas			75219	
b. Street Address of Principal Office in California, if any - Do not enter a P.C		x City (no abbreviations)			State	ate Zip Code	
					CA		
c. If the Mailing Ad	ddress is the same as item 3a or 3b, check the applicable box	: 🔀 3a 🔲 3b				1	
d. Mailing Address - if different than item 3a or 3b		City (no abbrev	City (no abbreviations)			te Zip Code	
4. Service o	of Process (Must provide either Individual OR Corporat	ion.)		, <u>,</u> ,		·	
INDIVIDUAL	- Complete Items 4a and 4b only. Must include agent's	full name and Califor	rnia street add	iress.			
a. California Agen	t's First Name (if agent is not a corporation)	Middle Name		Last Name			Suffix
b. Street Address	(if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	viations)		State	Zip Cod	ie ie
					CA		
CORPORAT	FION - Complete Item 4c only. Only include the name of t	he registered agent	Corporation.			<u> </u>	_
	stered Corporate Agent's Name (if agent is a corporation) – Do						
	Service Company Which Will Do Business In Ca	•		ncorporating Se	ervice		
	1 Sign Below (Title not required.)		• • •	,			
By signing, I a	affirm under penalty of perjury that the informati he foreign LLC.	ion herein is true	and corre	ct and that I am	autho	rized to	sign
die A	•						



Signature

LLC-5 (REV 11/2023)

Type and Print Name

The First State

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

DELAWARE, DO HEREBY CERTIFY "CH-FSR I/PETALUMA TOWN PLAZA GP,

L.L.C." 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 THIRTY-FIRST DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH-FSR

I/PETALUMA TOWN PLAZA GP, L.L.C." WAS FORMED ON THE TWENTY-NINTH

DAY OF OCTOBER, A.D. 2024.

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

at corn delaware soy/out

Authentication: 204766471

Date: 10-31-24