

Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)

LLC-5

-FILED-

File No.: 202464714732 Date Filed: 11/21/2024

For Office Use Only

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 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 | ed Certificate of Good Stan | ding.) | | | |
| Vista 3 In | nv, LLC | | | | |
| 1b. California Alternate Name, If Required (Only enter an alternate | ate name if the LLC name i | n 1a not available in (| California.) |) | |
| | | | | | |
| 2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached | Certificate of Good Standi | ng.) | | ······································ | |
| a. Jurisdiction (State, foreign country or place where this LLC is formed.) | | | | | |
| Dela | ware | | | | |
| b. Authority Statement (Do not alter Authority Statement) | <u></u> | | | | |
| This LLC currently has powers and privileges to conduct busin | ness in the state, forei | gn country or plac | e enter | ed in Ite | m 2a. |
| 3. Business Addresses (Enter the complete business addresses. Ite | ems 3a and 3b cannot be a | P.O. Box or "in care | of" an indi | vidual or | entity.) |
| a. Street Address of Principal Office - Do not enter a P.O. Box | City (no abbreviations) | | State | Zip Code | |
| 3121 Michelson Drive, Suite 150 | Irvine | | CA | 92612 | |
| b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box | City (no abbreviations) | | State | Zip Code | |
| 3121 Michelson Drive, Suite 150 | Irvine | | CA | 92612 | |
| c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: | X 3a 3b | | L, | | |
| d. Mailing Address - if different than item 3a or 3b | City (no abbreviations) | | State | Zip Code | |
| 4. Service of Process (Must provide either Individual OR Corporation | | | | <u> </u> | |
| INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full | | t address. | | | |
| a. California Agent'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 | | | State CA | Zip Code | |
| CORPORATION - Complete Item 4c only. Only include the name of the | registered agent Corporat | ion. | | | |
| c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no | ot complete Item 4a or 4b | | | ••••• | |
| Cogency C | Global Inc. | | | | |
| 5. Read and Sign Below (Title not required.) | | | | | |
| By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC. | herein is true and co | rrect and that I ar | m autho | rized to | sign |
| | | Scott Homan | | | |
| Signature | Type and Print | Name | | | |

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The First State

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

DELAWARE, DO HEREBY CERTIFY "VISTA 3 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-FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISTA 3 INV, LLC" 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.

Authentication: 204937807

Date: 11-21-24

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