

Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. See Instructions.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$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.

Secretary of State
State of California
202115410937

Filing Number
06/02/2021

Filing Date

This Space For Office Use Only

to https://www.nb.ca.gov.		Tills Space I o	Office C	ise Only	y	
1a. LLC Name (Enter the exact name of the LLC as listed on your a	attached	Certificate of Good Stand	ling.)			
1b. California Alternate Name, If Required (See Instruction	ns – On	nly enter an alternate name	e if the LLC name in	1a not ava	ilable in (California
· · · · · · · · · · · · · · · · · · ·		,				
2. LLC History (See Instructions – Ensure that the formation date	and iur	risdiction match the attach	ed Certificate of God	nd Standing	a)	
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jurisdiction (State, foreign country or place where this LLC is formed.)						
/ / /	ar currently of place finds the			3 LLO 13 10	mileu.)	
c. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct	busine	ess in the state, foreig	gn country or pla	ce entere	ed in Ite	em 2b.
3. Business Addresses (Enter the complete business address	ses. Iter	ms 3a and 3b cannot be a	P.O. Box or "in care	of" an indi	ividual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)		State	Zip Cod	e
b. Street Address of Principal Office in California, if any - Do not enter a P.O. I		City (no abbreviations)		State	Zip Code	
				CA		
Mailing Address of Principal Executive Office, if different than item 3a		City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corpo	oration)				<u> </u>	
INDIVIDUAL – Complete Items 4a and 4b only. Must include agen	,		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		City (no abbreviations)		State	Zip Code	
				CA		
CORPORATION - Complete Item 4c only. Only include the name	of the r	egistered agent Corporation	on.			
c. California Registered Corporate Agent's Name (if agent is a corporation) -	- Do not	complete Item 4a or 4b				
5. Read and Sign Below (See Instructions. Title not require	od)					
By signing, I affirm under penalty of perjury that the inform		herein is true and co	rrect and that I a	m authoi	rized to	eian
on behalf of the foreign LLC.	lation	nerein is true and co	irect and that i a	iii autiioi	1260 10	Sigiri
Chan XI Cher						
Signature		Type or Print	Name			
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LC-5 (REV 11/2020)				zuzu Calif	fornia Secre	etary of Sta

2020 California Secretary of State bizfile.sos.ca.gov



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

DELAWARE, DO HEREBY CERTIFY "ARE-SD REGION NO. 76 HOLDING, 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 SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARE-SD REGION NO. 76 HOLDING, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2021.

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

RETARY'S OFFICE

Authentication: 203343621

Date: 06-02-21

5963453 8300 SR# 20212325682

You may verify this certificate online at corp.delaware.gov/authver.shtml