LLC-1

For Office Use Only

## -FILED-

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| Filling Fee - \$70.00 Certified Copy Fee (Optional) - \$5.00 Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <a href="https://www.lib.ca.gov/">https://www.lib.ca.gov/</a> .  This Space For Office Use Only  1. Limited Liability Company Name (Must contain an LLC Identifier such as LLC or LLC. "LC" will be added, if not induded.)  Adwave Solutions, LLC 2. Business Addresses a histal Select Address of Principal Office - Do not enter a P.O. Box 7753 Greenly Drive Oakland CA 94605 b. Initial Mailing Address of LLC. If different than item 2e City (no abbreviations) State 2p Code CTy (no abbreviations) State |   |                                       |                         |                                       |                              |             |  |
|--|---|---------------------------------------|-------------------------|---------------------------------------|------------------------------|-------------|--|
| Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board sach year. For more information, go to <a href="https://www.tfb.ca.gov/">https://www.tfb.ca.gov/</a> 1. Limited Liability Company Name (Must contain an LLC identifier such as LLC or LLC. "LLC" will be added, if not included.)  Adwave Solutions, LLC  2. Business Addresses  a. Initial Streat Address of Proces Coffice - Do not enter a P.O. Box  City (no abbreviations)  CA 94605  b. Initial Mailing Address of LLC, if different than item 2a  City for abbreviations)  3. Service of Process (Must provide either Individual OR Corporation)  INDIVIDUAL Complete Items 3a and 3b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Middle Name  Last Name  Suffix  CA 94605  City (no abbreviations)  State  Zo Code  D. Street Address (if agent is not a corporation) - Do not enter a P.O. Box  City (no abbreviations)  State  Zo Code  D. Street Address (if agent is not a corporation) - Do not enter a P.O. Box  City (no abbreviations)  State  Zo Code  D. Street Address (if agent is not a corporation) - Do not complete Item 3a.  California Agent Serial State  CA 94605  CA 94605  CA 94605  CA 94605  CA Pagentia D. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b  4. Management (Select only one box)  The LLC will be managed by:  One Manager  More than One Manager  All LLC Member(s)  5. Purpose Statement (Do not alter Purpose Statement)  The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company and be organized under the California Revised Uniform Limited Liability Company Act.  6. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.  Additional separatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form L        | Filing Fee - \$70.00  |                                       |                         |                                       |                              |             |  |
| This Space For Office Use Only   | Certified Copy Fee (Optional) - \$5.00  |                                       |                         |                                       |                              |             |  |
| 1. Limited Liability Company Name (Must contain an LLC identifier such as LLC or LLC. "LLC" will be added, if not included.)  Addwave Solutions, LLC  2. Business Addresses  a. Initial States Address of Process (Most provide either Individual OR Canada City (no abbreviations) State Zip Code  7753 Greenly Drive Oakland CA 94605  5. Initial Mailing Address of LLC, if different than item 2a City (no abbreviations) State Zip Code  3. Service of Process (Must provide either Individual OR Corporation.) INDIVIDUAL — Complete Items 3a and 3b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation) Middle Name Last Name State  b. Street Address (if agent is not a corporation)—Do not enter a P.O. Box City (no abbreviations) State Zip Code  7753 Greenly Drive Oakland CA 94605  CORPORATION — Complete Item 3c. Only include the name of the registered agent Corporation.  c. California Registered Corporate Agent's Name (if agent is a corporation)—Do not complete Item 3a or 3b  4. Management (Select only one box)  The LLC will be managed by:  One Manager More than One Manager All LLC Member(s)  5. Purpose Statement (Do not after Purpose Statement)  The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.  6. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.  Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (Ali attachments should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.  |   | chise Tax                             |                         |                                       |                              |             |  |
| Adwave Solutions, LLC  2. Business Addresses a. Initial Street Address of Principal Office - Do not enter a P.O. Box    City (no abbreviations)   State   Zip Code   |   |                                       | This !                  | Space For Of                          | fice Use                     | Only        |  |
| 2. Business Addresses a. Initial Street Address of Principal Office - Do not enter a P.O. Box  7753 Greenly Drive  Oakland  CA  94605  b. Initial Mailling Address of LLC, if different than Item 2a  City (no abbreviations)  State  Zip Code  3. Service of Process (Must provide either Individual OR Corporation.)  INDIVIDUAL - Complete Items 3a and 3b only. Must include agent's full name and California street address.  a. California Agent's First Name (if agent is not a corporation)  Terrence  S. Ali  City (no abbreviations)  Middle Name  Last Name  Suffix  Terrence  S. Ali  Copporation  Copporation  Copporation  Complete Item 3a. Only include the name of the registered agent Corporation.  c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 3a or 3b  4. Management (Select only one box)  The LLC will be managed by:  One Manager  More than One Manager  More than One Manager  All LLC Member(s)  5. Purpose Statement (Do not alter Purpose Statement)  The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.  6. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.  Additional signatures set fort on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (Ali attachments should be 8 % x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)   | 1. Limited Liability Company Name (Must contain an LLC identifi                           | er such as LLC or L.l                 | C. "LLC" will be        | added, if not inc                     | luđed.)                      |             |  |
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|  |   |                                       |                         | nis Form LLC-1.                       | (All attach                  | nments      |  |
|  | Tensene Mi  | Terrenc                               | e Ali                   |                                       |                              |             |  |
|  |   | Print your                            | name here               |                                       |                              |             |  |