## **Secretary of State**

LLC-5

## Application to Register a Foreign Limited Liability Company (LLC)

-FILED-

For Office Use Only

B3178-5832 11/25/2024

File No.: 202464719677 Date Filed: 11/25/2024

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

Filing Fee - \$70.00

Certification 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.rto.ca.gov.		This Space For Office Use Only			:
1a. LLC Name (Enter the exact name of the LLC as listed on your att.	ached Certificate of G	ood Standing.)	<u></u>		
True Capital Ventures II, LLC - Series A					
1b. California Afternate Name, If Required (Only enter an all	ternate name if the LL	C name in 1a not available	in California.	)	;
		,		•	(
2. LLC History (Ensure that the formation date and jurisdiction mate	ch the attached Certific	ate of Good Standing.)		····	ر ع
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Ju	risdiction (State, fore	ign country or place where	this LLC is fo	ormed.)	
08 / 13 / 2024 D	Delaware				
c. Authority Statement (Do not alter Authority Statement)					ç
This LLC currently has powers and privileges to conduct be	usiness in the stat	e, foreign country or p	lace enter	ed in Iter	n 2b
3. Business Addresses (Enter the complete business addresse	s. Items 3a and 3b ca	anot be a P.O. Box or "in c	are of" an ind	ividual or e	ntity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		Zip Code	,
444 W. Lake Street, Suite 4700	Chicago	Chicago		6060	
b. Street Address of Principal Office in California, If any - Do not enter a P.O.	Box City (no abbrevi	City (no abbreviations)		Zip Code	
c. Mailing Address of Principal Executive Office, If different than Item 3a	City (no abbrevi	City (no abbreviations)		Zip Code	 በ ነ
Service of Process (Must provide either Individual OR Corpora INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's	*	nia street address.		<u> </u>	 9
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffox
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	State	Zip Code	
			CA		
CORPORATION - Complete Item 4c only. Only include the name of	the registered agent	Corporation.			ç
c. California Registered Corporate Agent's Name (if agent is a corporation) - E	Do not complete Item 4a	or 4b			(
Corporate Creations Network Inc. [C2250455]					··. · · · · · · · · · · · · · · · · · ·

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

on behalf of the foreign LLC

Caitlin Lazarus, Special Manager

Type or Print Name

Signature LLC-5 (REV 03/2022)

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRUE CAPITAL VENTURES II, LLC - SERIES

A" 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-SECOND DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE CAPITAL VENTURES II, LLC - SERIES A" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE CAPITAL VENTURES II, LLC - SERIES A" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

at corn delaware gov/aut

Authentication: 204952575

Date: 11-22-24