

Secretary of State Application for Registration Foreign Limited Partnership (LP)

LP-5

For Office Use Only

-FILED-

File No.: 202464503498 Date Filed: 11/4/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

LP-5 (REV 06/2023)

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs 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/.

Above Space For Office Use Only

1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the Alternate Na	1b. Enter the Alternate Name to be Used in California, if required.			
VISIONARY VENTURE FUND II, LP					
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing.)				
Jurisdiction (State, foreign country or place where this LP is formed.)					
Dela	aware				
3. Business Addresses (Enter the complete business addresses.)	tems 3a and 3b cannot be a P	O. Box or "in care o	f an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	City (no abbreviations) Sta		Zip Code	
620 Newport Center Dr., Ste 650	Newport Beach		CA	92660	
b. Mailing Address of Principal Office, if different than item 3a	City (no abbreviations)		State	Zip Code	
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)	City (no abbreviations)		Zip Cod	le
620 Newport Center Dr., Ste 650	Newport Beach		CA	92660	
4. Service of Process (Must provide either Individual OR Corporatio			,		
INDIVIDUAL - Complete items 4a and 4b only. Must include agent's fu	Il name and California street a	ddress.		<u> </u>	
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 Coo	le
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the	e registered agent Corporation			<u> </u>	
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do r	not complete item 4a or 4b				
Registered Agent Solutions, Inc.					
5. General Partners (Enter the name and addresses of all the General	I Partners. Attach additional p	ages, if necessary.)			
Sa, General Partner's Name					
Visionary Venture Fund II GP, LLC		<u> </u>			
5b. General Partner's Address	City (no abbreviations)		State	Zip Code	
620 Newport Center Dr., Ste 650	Newport Beach		CA	9266	0
5. Foreign Limited Liability Limited Partnership (Check this I	box only if applicable)				
Check this box if the foreign limited partnership is a foreign limite	ed liability limited partnershi	p.			
All attachments are part of this document. I declare that I am t deed, I further declare the information is true and correct, and				•	

GP.LLC

Type or Print Name

2023 California Secretary of State bizfiteOnline.sos.ca.gov Delaware

The First State

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

DELAWARE, DO HEREBY CERTIFY "VISIONARY VENTURE FUND II, LP" 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-EIGHTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISIONARY

VENTURE FUND II, LP" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY,

A.D. 2019.

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

Authentication: 204731618

Date: 10-28-24

7252819 8300 SR# 20244054714

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