## Secretary of State

LLC-5

## -FILED-

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Secretary of State					
Application to Register a Foreign Liability Company (LLC)	Limited		For Office Use Only -FILED-		
be submitted with a current Certificate of Good Standing issued by the mment agency where the LLC was formed.			File No.: 202463818896 Date Filed: 9/9/2024		
Certified Copy Fee (Optional) - \$5.00	>				
Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go the https://www.ftb.ca.gov/.	0 tax to the	This Space Fo	or Office	Use Onl	y
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Good	Standing.)			
True VC, LLC – Series 18  1b. California Alternate Name, If Required (Only enter an alternate	te name if the LLC na	ame in 1a not available in	California.	.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached (	Certificate of Good St	tanding.)		·	
Jurisdiction (State, foreign country or place where this LLC is formed.)	· · · · · · · · · · · · · · · · · · ·				
Delaw	vare				
. Authority Statement (Do not after Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state, fo	oreign country or pla	ce enter	ed in Ite	m 2a
. Business Addresses (Enter the complete business addresses, Iter	ms 3a and 3b cannot	be a P.O. Box or "in care	of an ind	ividual or	entity.
Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State		
44 W. Lake Street, Suite 4700	Chicago		ΙL	1 -	
. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State		
01 California Street, Suite 2900	San Francisco		CA	1	
	3a 3b				<del>-</del>
. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	State Zip Code	
<u> </u>	J., (1.5 2.5 1.2 2.5 1	-,		2,000	•
L. Service of Process (Must provide either Individual OR Corporation.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full r		street address.			
California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	<del></del>		Suffix
	:				
. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviation	ıs)	State	Zip Cod	e
	<u> </u>		CA		
CORPORATION - Complete Item 4c only. Only include the name of the re	egistered agent Corp	oration.			
California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a or 4	<b>.</b>			
orporate Creations Network Inc.					
. Read and Sign Below (Title not required.)					
ly signing, I affirm under penalty of perjury that the information in behalf of the foreign LLC.	herein is true and	I correct and that I at	m authoi	rized to	sign
Thurning Ohen	Kunning (	Chen, Special Mar	120er		
Signature	Type and P		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
C-5 (REV 11/2023)	- )		2023 Calif	omia Secre	tary of S

## <u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUE VC, LLC - SERIES 18" 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-THIRD DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE VC, LLC - SERIES 18" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE VC, LLC - SERIES 18" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2024.

A STATE OF THE STA

Authentication: 204233864

Date: 08-23-24

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