	<del></del>	<u> </u>	· _	<u> </u>	_					
	Secretary of S	tate	}	LLC-5	]					
.:	Application to Liability Comp	Register a Forei any (LLC)	gn L	imited		Secre State	ILEC	) V State	PR.	
		<u> </u>			_	State	of Cali	Giale Samia	540	
IMPORTANT — Read Instructions before completing this form.  Must be submitted with a current Ce tifficate of Good Standing issued government agency where the LLC was formed. See instructions.							122			
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.rtb.ca.gov. This Space For Office Use Only										
1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)										
Eterne, U.C						:	-		,	
1b. California Alternate Name, if Required (See instructions - Only enter an alternate name if the LLC name in 1a not available in California.)										
; ;				, , , , , , , , , , , , , , , , , , ,	1					
2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)										
a. Date LLC was formed in home jurisdiction (MW/DD/YYYY) b. Jurisdiction (State, foreign country or place where this LLC is formed.)										
3 / 6 / 2019 Delaware										
c. Authority Statement (Do not alter Authority Statement)  This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2b.										
3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of an individual or entity.)										
					City (no abbreviations) State Zip Code					
10880 Wilshire Blvd, #1000				Los Ange	CA	90024	4			
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box				City (no abb	State	Zip Code				
10880 Wilshire Blvd, #1000				Los Angeles				90024	4	
c. 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 Corporation.)  INDIVIDUAL — Complete Items 4a and 4b only. Must Include agent's full name and California street address.										
	's First Name (if agent is no			Middle Nam		Last Name	•	ļ	Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			City (no abb	City (no abbreviations) State Zip Code CA				le		
CORPORATION Complete Item 4c only. 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 4a or 4b										
Incorporating Services, Ltd.										
5. Read and	Sign Below (See ins	structions. Title not requir	ed.)	i	,					
I am authorized to sign on behalf of the foreign LLC										

LLC-5 (REV 01/2017)

Type or Print Name

2017 California Secretary of State
www.sos.ca.gov/business/be

Adam Bernhard



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

DELAWARE, DO HEREBY CERTIFY "ETERNE, 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 TWELFTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ETERNE, LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2019.

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

Authentication: 202422514

Date: 03-12-19