Secretary of State

LLし-3

-FILED-

Secretary of State				
Application to Register a Foreign Liability Company (LLC)	n Limited	For Office Use	Only	
		-FILED-		
government agency where the LLC was formed.		File No.: 20246381887 Date Filed: 9/9/2024		
Filing Fee - \$70.00 Certified Copy Fee (Optional) - \$5.00		L		
Note: Registered LLCs in California may have to pay minimum \$ California Franchise Tax Board each year. For more information, g https://www.ftb.ca.gov/.		This Space For Office	Use Only	
1a. LLC Name (Enter the exact name of the LLC as listed on your attac	hed Certificate of Good Stan-	ding.)		
True VC, LLC – Series 12 - Illusions				
1b. California Alternate Name, If Required (Only enter an alter	nate name if the LLC name i	n 1a not available in California	.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached lurisdiction (State foreign sources or place where this LC is formed).	ed Cermicate of Good Standil	ng.)		
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	aware			
	avvare	. , , , , , , , , , , , , , , , , , , ,		
 b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct bus 	iness in the state, foreign	on country or place enter	red in Item 2:	
3. Business Addresses (Enter the complete business addresses.				
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code	
444 W. Lake Street, Suite 4700	Chicago	IL	60606	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo		State	Zip Code	
101 California Street, Suite 2900	San Francisco	CA	94111	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√ 3a	· · · · · · · · · · · · · · · · · · ·		
d. Mailing Address - if different than item 3a or 3b	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 a. California Agent's First Name (if agent is not a corporation)	ull name and California street	Last Name	Suffi	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of th	e registered agent Corporati			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do				
Corporate Creations Network Inc.				
5. Read and Sign Below (Title not required.)				
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	on herein is true and co	rrect and that I am autho	rized to sign	
_ Kummel Chen	Kunning Che	n, Special Manager		

LLC-5 (REV 11/2023)

Signature

2023 California Secretary of State bizfileOnline.sos.ca.gov



Type and Print Name

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUE VC, LLC - SERIES 12 - ILLUSIONS" 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 12 - ILLUSIONS" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE VC, LLC -SERIES 12 - ILLUSIONS" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2024.



3270037 8300E

SR# 20243502488

Date: 08-23-24

Authentication: 204233707