bizfileOnline.sos.ca.gov

Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)

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

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

LLC-5

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

-FILED-

File No.: 202463711129 Date Filed: 8/30/2024

California Franchise Tax Board each year. For more information, go thttps://www.ftb.ca.gov/.	to	This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Go	od Standing.)			
SN Exch 23, LLC	18.8.2				
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LL0	name in 1a not avallable in	California.))	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)	-		
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delav	vare				
b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign country or pla	ace enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses, Ite	ms 3a and 3b car	not be a P.O. Box or "in care	e of an Indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
9595 Wilshire Blvd., Suite 600	Beverly Hi	CA	90212		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrevi	State	Zip Code		
9595 Wilshire Blvd., Suite 600	Beverly Hi	CA	90212		
c. If the Maliing Address is the same as item 3a or 3b, check the applicable box:	√3a3b				
d. Mailing Address - If different than Item 3a or 3b	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must pròvide either Individual OR Corporation. INDIVIDUAL — Complete Items 4a and 4b only. Must include agent's full	•	nia street address.		.l	 • • • •
a, California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		*** ***	Suffix
					1
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	State CA	Zip Code	
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 no	t complete Item 4a	or 4b			
Corporation Service Company Which Will Do Business In California	rnia As CSC -	Lawyers Incorporating	Service		
5. Read and Sign Below (Title not required.)			~		
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct and that I	am autho	rized to	sign
	David	Nazarian			
Signature		d Print Name	Para		
LLC-5 (REV 11/2023)	.14-61		2023 Cali	ifomla Secr	etary of Sta

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SN EXCH 23, 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 TWENTY-SIXTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SN EXCH 23, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2023.

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

2676953 8300 SR# 20243518634 Authentication: 204246226

Date: 08-26-24

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