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State

LLC-5 Secretary of State Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only -FILED-

File No.: 202464112414 Date Filed: 10/3/2024

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

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.ftb.ca.gov/.

This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Good Stand	ing.)			
INFIGO LLC					
1b. California Alternate Name, If Required (Only enter an alternate	te name if the LLC name in	1a not available in (California.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached (Certificate of Good Standing				···· ·
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
NEW JE	ERSEY				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state, foreig	n country or plac	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses, Itel	ms 3a and 3b cannot be a l	P.O. Box or "in care	of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
3 SPERRY RD	FAIRFIELD		נא	07004	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
5625 FIRESTONE BLVD	SOUTH GATE		CA	90280	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	7 3a 3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Cod	le
				<u> </u>	
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.			<u>,</u> ,
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name				Suffix
SUNG JAE		KIM			<u> </u>
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
5625 FIRESTONE BLVD	SOUTH GATE		CA	90280	
CORPORATION Complete Item 4c only. Only include the name of the	registered agent Corporatio	ın.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not	t complete item 4a or 4b				
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 cor	rect and that I a	m autho	rized to	sign
Fr	SINHO K	M			
Signature	Type and Print I	Name	***************************************		
LLC-5 (REV 11/2023)			2023 Call	fornia Secr	etary of State

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

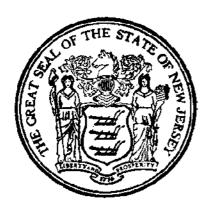
INFIGO LLC 0400477989

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 12, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

YONG S AHN 3 SPERRY RD FAIRFIELD, NJ 07004



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of September, 2024

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6157200025

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify Cert.jsp