

Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

For Office Use Only

-FILED-

File No.: 202464218739 Date Filed: 10/15/2024

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.flb.ca.gov/.		This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attact	hed Certificate of Good St	anding.)			
Covina 4	I Inv, LLC				
1b. California Alternate Name, If Required (Only enter an atter	nate name if the LLC nam	e in 1a not available in C	alifornia.)	
LLC Jurisdiction (Ensure that the jurisdiction matches the attached)	ed Certificate of Good Star	iding.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Del	aware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct bus	iness in the state, for	eign country or place	e enter	ed in Ite	em 2a
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b cannot be	e a P.O. Box or "in care o	f' an ind	ividual or	entity.
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
3121 Michelson Drive, Suite 150	Irv	rine	CA	92612	
o. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	City (no abbreviations)		State	Zip Code	
3121 Michelson Drive, Suite 150	Irv	rine	CA	92612	
c. If the Mailing Address is the same as Item 3a or 3b, check the applicable box:	x 3a □3b			<u> </u>	· · · · · · · · · · · · · · · · · · ·
d. Mailing Address - if different than Item 3a or 3b	City (no abbreviations)	City (no abbreviations) State		Zlp Code	
4. Service of Process (Must provide either Individual OR Corporation					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi	-	eet address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		·	Suffi
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	reviations) State		Zip Cade	
CORPORATION - Complete Item 4c only. Only include the name of the	ne registered agent Corpor	ation.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do	not complete Item 4a or 4b				
Cogency	Global 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	correct and that I am	autho	rized to	sign
JAH.		Scott Homan			
Signature	Type and Pri		· · · · · · · · · · · · · · · · · · ·		

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The First State

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

DELAWARE, DO HEREBY CERTIFY "COVINA 4 INV, 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 FOURTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVINA 4 INV, LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204625843

Date: 10-14-24

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