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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

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

For Office Use Only

-FILED-

File No.: 202464013929 Date Filed: 9/24/2024

California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	to	This Space For Office	or Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of Good Stand	ing.)			
LIONHEART AI I-A, LLC					
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LLC name in	1a not available in California	L)		
LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standin	g.)			
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 busin	ess in the state, foreig	n country or place ente	red in Ite	m 2a	
3. Business Addresses (Enter the complete business addresses. Ite					
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code		
120 JUNIPER ROAD	BOLINAS	CA	9492	94924	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Cor	Zip Code	
		CA			
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		
A Complete of Process (Mark and de allers ledicidus) OP Companion			1		
 Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full 		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)	State	Zip Co	de	
		CA			
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corporati	on.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	ot complete Item 4a or 4b				
CORPORATION SERVICE COMPANY WHICH WILL DO BUSINESS IN C	CALIFORNIA AS CSC-LAV	VYERS INCORPORATING S	ERVICE		
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information	n herein is true and co	rrect and that I am auth	orized to	sign	
on behalf of the foreign LLC.					
III W	DAVID LANG	ER			

Type and Print Name

LLC-5

Signature

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

DELAWARE, DO HEREBY CERTIFY "LIONHEART AI I-A, 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIONHEART AI I-A, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2024.

OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

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



Authentication: 204474648

Date: 09-24-24