Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)

LLC-5

For Office Use Only -FILED-

B3178-5820 11/25/2024

File No.: 202464719607 Date Filed: 11/25/2024

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

Filing Fee - \$70,00

Certification 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.

V			This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on y	our attached	d Certificate of Good Sta	nding.)			
True Capital Ventures II, LLC - Series E						1
1b. California Alternate Name, If Required (Only ente	r an alternat	e name if the LLC name	in 1a not available in	California.	·	7
Hotelandin to the total and the second and the seco	. <u>. </u>				·	
) }
LLC History (Ensure that the formation date and jurisdiction)	on match the	attached Certificate of C	Good Standing.)	<u> </u>		 ¶ 2
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jurisdiction (State, fo				s LLC is fo	ormed.)	
08 / 13 / 2024	Delaware					Ž
c. Authority Statement (Do not alter Authority Statement)	<u> </u>					
This LLC currently has powers and privileges to cond	uct busine	ess in the state, fore	ign country or plac	ce enter	ed in Iter	n 2b
3. Business Addresses (Enter the complete business ad		* ** * * - * - * * - * - * - * 				
a. Street Address of Principal Executive Office - Do not enter a P.O. Bo		City (no abbreviations)		State	Zip Code	,
444 W. Lake Street, Suite 4700		Chicago		IL	6060	6
b. Street Address of Principal Office in Celifornia, if any - Do not enter a		City (no abbreviations)		State	Zip Code	, , , ,
·				CA		
c. Mailing Address of Principal Executive Office, If different than Item 3a		City (no abbreviations)		State	Zip Code	ָ ֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֩֞֞֩֞֞֩֞֞֩֞֡
4. Service of Process (Must provide either Individual OR C	Corporation.)			<u> </u>	<u> </u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include	agent's full r	name and California stree	et address.		<u></u> .	<u>p</u>
a. Callifornia Agent's First Name (if agent is not a corporation)		Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. I	Зох	City (no abbreviations)		State	Zip Code	C
				CA		7
CORPORATION - Complete Item 4c only. Only include the na	ame of the re	egistered agent Corpora	tion.	· · · · · · · · · · · · · · · · · · ·		
c. California Registered Corporate Agent's Name (if agent is a corporati	ion) – Do not	complete item 4a or 4b				7 0
Corporate Creations Network Inc. [C225045	55]					

5. Read and Sign Below (Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

on behalf of the foreign LLC

Caitlin Lazarus, Special Manager

Type or Print Name

Signature

2022 California Secretary of Sta-

LLC-5 (REV 03/2022)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TRUE CAPITAL VENTURES II, LLC - SERIES

E" 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-SECOND DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "TRUE CAPITAL VENTURES II, LLC - SERIES E" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE CAPITAL VENTURES II, LLC - SERIES E" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.

at corn delaware gov/aut

Authentication: 204952674

Date: 11-22-24