LLC-5

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

Filing Fee - \$70.00

200

For Office Use Only

-FILED-

File No.: 202464318585 Date Filed: 10/25/2024

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.fib.ca.gov/ .			This Space Fo	r Office l	Use Only	,
1a: LLC: Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)						
SnapNHD, LLC						
1b. California Alternate Name, If Required (Only enter an alternate name if the LLC name in 1a not available in California.)						
भ्य तिक -						
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.)						
Delaware						
b. Authority Statement Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.						
3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)						
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
7472 La Jolla Boulevard, Suite C	La Jolla			CA	92037	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code	
7472 لِـa Jolia Boulevard, Suite C	La Jolla			CA	92037	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	eck the applicable box: X3a 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)			State	Zip Cod	e
Harris A. C.						
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.						
a. California Agent's First Name (if agent is not a corporation)	Middle Name	fiddle Name Last Name				Suffix
William			Caldwell			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	<u> </u>	State	Zip Coo	le
74721a Jolla Boulevard, Suite C	La Jolla			† CÀ	9203	7
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 4s	or 4b		•		
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.						
Mill Paldull	Wil	liam /	aldwell			
Signature Type and Print Name						

LLC-5 (REV 11/2023)

70212

2023 California Secretary of State

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SNAPNHD, 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-FOURTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SNAPNHD, LLC"

WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204710371

Date: 10-24-24