

**Secretary of State****LLC-5****Application to Register a Foreign Limited Liability Company (LLC)****IMPORTANT — Read Instructions before completing this form.**

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

**Filing Fee** – \$70.00

**Copy Fees** – First page \$1.00; each attachment page \$0.50;  
Certification Fee - \$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>.

**FILED**Secretary of State  
State of California

202132310819

Filing Number

11/16/2021

Filing Date

**This Space For Office Use Only****1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

SBC/CV South Bay X, LLC

**1b. California Alternate Name, If Required** (See Instructions – Only enter an alternate name if the LLC name in 1a not available in California.)**2. LLC History** (See Instructions – Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)**a. Date LLC was formed in home jurisdiction** (MM/DD/YYYY)

11 / 16 / 2021

**b. Jurisdiction** (State, foreign country or place where this LLC is formed.)

Delaware

**c. 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 2b.

**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 Executive Office - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
4 Embarcadero Center, Suite 3300	San Francisco	CA	94111
b. Street Address of Principal Office in California, if any - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
4 Embarcadero Center, Suite 3300	San Francisco	CA	94111
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** 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 <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>			
City (no abbreviations)		State	Zip Code
		CA	

**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 not complete Item 4a or 4b

C T Corporation System

**5. Read and Sign Below** (See Instructions. 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.

Signature

Deborah A. Abernathy

Type or Print Name

# Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SBC/CV SOUTH BAY X, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2021.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBC/CV SOUTH BAY X, LLC" WAS FORMED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2021.*

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



A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

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SR# 20213816607

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204709094

Date: 11-16-21

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