Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

File No.: 202465014413 Date Filed: 12/17/2024

For Office Use Only

-FILED-

B3280-1413 12/17/2024

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 t https://www.ftb.ca.gov/ .	0	This Space For Office Use Only				,
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of G	ood Standing	J.)			
HM Warner LLC						
1b. California Alternate Name, If Required (Only enter an alternate	te name if the LL	C name in 1	a not available in (California.))	
	······································					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Goo	od Standing.)				
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 busine	ess in the stat	e, foreign	country or plac	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b ca	nnot be a P.	O. Box or "in care	of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	no abbreviations)			Zip Code	
161 Rosa L Parks Blvd	Nashville			TN	37203	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)			State	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 abbrev	City (no abbreviations)			Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.	\)			<u> </u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		rnia street ac	dress.			_
a. California 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. Box	City (no abbrev	riations)	4. <u> </u>	State	Zip Cod	le le
				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 no	t complete Item 4	a or 4b				
Corporation Service Company Which Will Do Business In Califo	rnia As CSC -	Lawyers 3	ncorporating s	Service		
5. Read and Sign Below (Title not required.)	<u></u>	<u> </u>	•			
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and corre	ect and that I a	m autho	rized to	sign
Limitstorton	Tim H	orton				
Signature		nd Print N	ame			
LLC 5 (DES./ 44 D022)				2023 Cali	fornia Secn	etary of State

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "HM WARNER 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 DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HM WARNER LLC"

WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2024.

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



Authentication: 205151932

Date: 12-16-24