LLC-5 **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

For Office Use Only

-FILED-

B3207-1504 11/20/2024

File No.: 202464717926 Date Filed: 11/20/2024

Note: Registered LLCs in California may have to pay minimum \$8 California Franchise Tax Board each year. For more information, gr						
https://www.ftb.ca.gov/.		This Space For Office Use Only			,	
1a. LLC Name (Enter the exact name of the LLC as listed on your attact	ned Certificate of G	ood Standing.)				
DRP Solaris CA 2, LLC						
1b. California Alternate Name, if Required (Only enter an alter	nate name if the LL	C name in 1a not a	available in California.)	0.100-1-1-1-1	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attache	d Certificate of Go	od Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Dela	aware					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct bus	iness in the sta	te, foreign cour	ntry or place enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses.	Items 3a and 3b ca	nnot be a P.O. Box	x 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	iations)	State	Zip Coo	le	
520 Madison Avenue - 21st Fl	New York	York		10022		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	City (no abbrev	ity (no abbreviations)		Zip Code		
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	(no abbreviations)			e Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	 on.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's ft	-	mia street address	i.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name Su		Suffix		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	iations) State Z		Zip Ço	Zip Code	
CORPORATION - Complete Item 4c only. Only include the name of the	ne registered agent	Corporation.	I			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete Item 4	a or 4b				
Corporation Service Company Which Will Do Business In Cali	ifornia As CSC -	Lawyers Incor	porating Service			
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC.	on herein is true	and correct ar	nd that I am autho	rized to	sign	
Hordin Horanor	Houdin Honarvar, Authorized Signatory					
Signature		nd Print Name	_	•		

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

DELAWARE, DO HEREBY CERTIFY "DRP SOLARIS CA 2, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRP SOLARIS CA 2, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

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



Authentication: 204925236

Date: 11-20-24