State



Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202463912674 Date Filed: 9/16/2024

For Office Use Only

-FILED-

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 https://www.ftb.ca.gov/.	to	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	ed Certificate of G	ood Standing.)				
BTBB-1, LLC		***				
1b. California Alternate Name, If Required (Only enter an alternate	ate name if the LLG	C name in 1a not available i	in California.	.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Dela	ware					
b. Authority Statement (Do not alter Authority Statement)						
This LLC currently has powers and privileges to conduct busin	ness in the state	e, foreign country or pl	lace enter	ed in Ita	em 2 a .	
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b car	nnot be a P.O. Box or "in ca	re of an ind	lividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Co	Zip Code	
7020 Whitewater St.	Carlsbad	Carlsbad		92011		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Code		
7020 Whitewater St.	Carlsbad	CA	9201	92011		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box;	X 3a			<u></u>		
d, Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation	 i.)					
INDIVIOUAL - Complete Items 4a and 4b only. Must include agent's full	•	nia street address.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		<u>.</u>	Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	State	Zip Co	de	
			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	ot complete Item 4a	or 4b				
Cogency Global Inc.						
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	nherein is true	and correct and that I	am author	rized to	sign	
	Bryce A	Aberg				
Sandara		d Print Name				
1) C.E. (REV 11/2023)			2023 Calif	fornia Seco	etary of Sta	



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BTBB-1, 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 SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BTBB-1, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2024.

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

Authentication: 204399481

Date: 09-16-24