Secretary of State Application for Registration Foreign Limited Partnership (LP)

LP-5

For Office Use Only

-FILED-

B3007-0260

File No.: 202463707405 Date Filed: 8/30/2024

Foreign Certificate of Good Standing is required.						
Processing Fee: \$0 - The processing fee is waived for submissions submitted July 1, 2022 - June 30, 2023.	ons					
Certification Fee (Optional) - \$5.00						
<i>Note:</i> The annual minimum \$800 tax to the California Franchise Tax remains due and is not subject to the processing fee waiver. For mogo to tb.ca.gov .		Above Space Fo	or Office	Use Only	y	
1. Name of Foreign LP (Only enter an alternate name if the foreign LP	name in Item 1a is not	available in CA.)				
1a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.)	1b. Enter the Altern	nate Name to be Used in (California,	if require	d.	
Oaktree BioYield Investment Fund GP, L.P.						
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached 0	Certificate of Good Star	nding.)				
Jurisdiction (State, foreign country or place where this LP is formed.)						
Dela	ware					
3. Business Addresses (Enter the complete business addresses. I	tems 3a and 3b cannot	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 abbreviatio	City (no abbreviations)		Zip Code		
333 South Grand Avenue, 28th Floor	Los Angeles	Los Angeles		90071		
b. Mailing Address of Principal Office, if different than Item 3a	City (no abbreviatio	City (no abbreviations)		Zip Code		
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviatio	State	Zip Code			
4. Service of Process (Must provide either Individual OR Corporatio	n.)	·····		1		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	Il name and California s	street address.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviatio	ns)	State CA	Zip Code		
CORPORATION - Complete Item 4c only. Only include the name of the						
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do r						
Corporation Service Company Which Will Do Business				ating S	service	
 General Partners (Enter the name and addresses of all the General General Partner's Name 	l Partners. Attach addi	tional pages, if necessary	.)			
Oaktree Fund GP, LLC						
5b. General Partner's Address	City (no abbreviatio	(no abbreviations)		Zip Code		
333 South Grand Avenue, 28th Floor	Los Angeles			90071		
6. Foreign Limited Liability Limited Partnership (Check this	box only if applicable)			 .	_	
Check this box if the foreign limited partnership is a foreign limited	ed liability limited part	tnership.				
All attachments are part of this document. I declare that I am t deed. I further declare the information is true and correct, and			which is	my act	and	
Pr E. Bon	Peter Boos, Vice F Capital I, L.P., Ger	President of OCM Holdings I, neral Partner of Oaktree Fund LLC, its General Partner	LLC, Gene I GP I, L.P.,	eral Partner Managing	of Oaktre Member	
General Partner's Signature		Type or Print Name				

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "OAKTREE BIOYIELD INVESTMENT FUND GP,

L.P." 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 THIRTIETH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OAKTREE BIOYIELD

INVESTMENT FUND GP, L.P." WAS FORMED ON THE TWENTY-NINTH DAY OF

APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN

ASSESSED TO DATE.

Authentication: 204287613

Date: 08-30-24

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