State



Secretary of State

LLC-5

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

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

For Office Use Only

-FILED-

File No.: 202464414043 Date Filed: 10/28/2024

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 Good	Standing.)	<u>-</u>	-	
Visionary Co-Invest Fund XII, LLC					
1b. California Alternate Name, If Required (Only enter an alternate Name)	ate name if the LLC n	ame in 1a not available in (California.))	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good S	itanding.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
	ware				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busin	ness in the state,	foreign country or plac	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. It	ems 3a and 3b canno	t be a P.O. Box or "in care	of an ind	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box		City (no abbreviations)		Zip Code	
620 Newport Center Dr., Ste 650	Newport Beach		CA	92660	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
620 Newport Center Dr., Ste 650	Newport Bea	ach	CA	92660	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√3a			<u> </u>	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations) S			le Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	n.)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	I name and California	street address.	<u> </u>		, <u>.</u>
a. California Agent's First Name (if agent is not a corporation)	Middle Name	iddle Name Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	Cib. (a.e. abb(aba			T 7:- 0-	
b. Street Address (it agents not a corporation) - Do not enter a P.O. Box	City (no abbreviation	ins)	State CA	Zip Coo	ie
CORPORATION Complete Item 4c only. Only include the name of the	registered seent Cor	norotion	_ UA	<u> </u>	
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no			.		
Registered Agent Solutions, Inc.	ot complete item 4a or	40			
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information	n harain is trus an	d correct and that I ar	n duthoi	rizad ta	cian
on behalf of the foreign 11 G.	i ileieili is liue ai	iq correct and that i al	n author	11260 (0	Sign
1110	Jeffry K.	Weinhuff			
Signature	Type and Print Name				

LLC-5 (REV 11/2023)

2023 California Secretary of State bizfileOnline.sos.ca.gov

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "VISIONARY CO-INVEST FUND XII, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISIONARY CO-INVEST FUND XII, LLC" WAS FORMED ON THE FOURTH DAY OF FEBRUARY, A.D. 2021.

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

4996279 8300

SR# 20244054612

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

Authentication: 204731518

Date: 10-28-24