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Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

-FILED-

For Office Use Only

File No.: 202463912656 Date Filed: 9/16/2024

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 to https://www.ftb.ca.gov/.

https://www.fib.ca.gov/		This Space	For Office l	or Office Use Only		
1a. LLC Name (Enter the exact name of the LLC as fisted on your attac	hed Certificate of G	ood Standing.)	***************************************	·		
Sanyo Innovation Center, LLC						
1b. California Alternate Name, if Required (Only enter an alter	nate name if the LL	C name in 1a not available	e in California.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	d Certificate of God	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 stat	e, foreign country or	place enter	ed in Ite	em 2a.	
3. Business Addresses (Enter the complete business addresses.	llems 3a and 3b ca	nnot be a P.O. Bux or "in t	care of an ind	ividual ur	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		Zip Code		
5355 Avenida Encinas, Suite 201	Carlsbad	Carlsbad		92008		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Bo	x City (no abbrev	City (no abbreviations)		Zip Code		
5355 Avenida Encinas, Suite 201	Carlsbad	Carlsbad			92008	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	Х 3а □ 3ь	Veneral III	-	<u> </u>		
d. Mailing Address - if different than itern 3a or 3b	City (no abbrevi	City (no abbreviations)			Zip Code	
4. Service of Process (Must provide either Individual OR Corporation	n.)				·····	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fu	ill name and Califor	nia street address.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name		2	Suffix	
David	P.	Greenberg		ger		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	ations)	State	Zip Co	de	
5355 Avenida Encinas, Suite 201	Carlsbad	Carlsbad		92008		
CORPORATION - Complete Item 4c only. Only include the name of the	e registered agent	Corporation.	<u> </u>	·····		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do	not complete item 4a	or 4b				
5. Read and Sign Below (Title not required.)				<u> </u>		
By signing, I affirm under penalty of perjury that the informatic on behalf of the foreign LLC.	on herein is true	and correct and that	I am author	rized to	sign	
m	Phillip	Phillip L. Jelsma				
Signature		Type and Print Name				

LLC-5 (REV 11/2023)

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

DELAWARE, DO HEREBY CERTIFY "SANYO INNOVATION CENTER, 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANYO INNOVATION CENTER, LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2024.

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

e at corp delaware gov/aut

Authentication: 204386416

Date: 09-13-24