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

5. Read and Sign Below (Title not required.)

on behalf of the foreign LL&

LLC-5 (REV 11/2023)

For Office Use Only

-FILED-

2023 California Secretary of State

bizfileOnline.sos ca.gov

File No.: 202464013386 Date Filed: 9/23/2024

California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.	tax to the	This Space For Office Use Only		'	
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	Certificate of Good Standin	ng.)		·-	
Gray pine Cs, LLC				 -	
1b. California Alternate Name, If Required (Only enter an alternate	e name if the LLC name in	ta not available in California.	.)		
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached C	artificate of Good Standing	.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaw	are				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ss in the state, foreign	country or place enter	ed in Iter	m 2a.	
3. Business Addresses (Enter the complete business addresses, Item	ns 3a and 3b cannot be a P	O. Box or "in care of" an ind	lividual or e	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations) State		Zip Code		
1808 Wedemeyer St, Ste 221	San Francisco	CA	94129		
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		Zip Code	Zip Code	
		CA			
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3в				
d. Malling Address - if different than item 3a or 3b	City (no abbreviations)	State	Zip Code	8	
			<u>L</u>		
4. Service of Process (Must provide either Individual OR Corporation.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full in					
California Agent's First Name (if agent is not a corporation)	Młodie Name	Last Name	ì	Suffix	
N. Charles de la constant de la cons	Other for a phone for the con-	1 2			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations) State Zip Cod		e		
CORCOLATION Complete for Assault College (1)			<u>L</u>		
CORPORATION - Complete Item 4c only. Only include the name of the n	<u> </u>	1.		-	
 c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not 	complete item 4a or 4b				

Corporation Service Company Which Will Do Business In California As CSC - Lawyers Incorporating Service

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign

Michael Kremer Type and Print Name

<u>Delaware</u>

Value Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "GRAY PINE CS, 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-THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAY PINE CS, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2023.

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



Authentication: 204459207

Date: 09-23-24