Secretary of State

State of California

JUL 07 2021

HULL



Secretary of State

LLC-5



IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed. <u>See Instructions</u>.

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$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.

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This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Harvest	DTSM	Donut	Delite	Managers,	LLC
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1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY)		ed in home jurisdiction (MM/DD/YYYY)	b. Jurisdiction (State, foreign country or place where this LLC is formed.)		
7	1	2	/ 2021	Delaware	
c. Authority	/ Sta	itemer	t (Do not alter Authority Statement)		
This LLC	cur	rently	has powers and privileges to cond	duct business in the state, foreign country or place entered in Item 2b.	

3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
180 Grand Avenue, Suite 1400	Oakland	CA	94610
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
180 Grand Avenue, Suite 1400	Oakland	CA	94610
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
*			

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
			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 not complete Item 4a or 4b

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

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

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

Annéer e. Jones

Jennifer E. Jones

Type or Print Name



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

DELAWARE, DO HEREBY CERTIFY "HARVEST DTSM DONUT DELITE MANAGERS,

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 SEVENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HARVEST DTSM

DONUT DELITE MANAGERS, LLC" WAS FORMED ON THE SECOND DAY OF JULY,

A.D. 2021.

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

at corn delaware gov/aut

Authentication: 203618817