

	<b>Secretary of State</b> <b>Application to Register a Foreign Limited Liability Company (LLC)</b>	<b>LLC-5</b>	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 24px; font-weight: bold;">P</span> </div>
<p>Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.</p> <p><b>Filing Fee - \$70.00</b></p> <p><b>Certified Copy Fee (Optional) - \$5.00</b></p> <p>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 <a href="https://www.ftb.ca.gov/">https://www.ftb.ca.gov/</a>.</p>			

For Office Use Only

-FILED-

File No.: 202463915089

Date Filed: 9/18/2024

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

TH II Oakland Merced GP LLC

**1b. California Alternate Name, If Required** (Only enter an alternate name if the LLC name in 1a not available in California.)

**2. LLC Jurisdiction** (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)

**a. Jurisdiction** (State, foreign country or place where this LLC is formed.)

Delaware

**b. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.

**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.)

<b>a. Street Address of Principal Executive Office - Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
1702 Olympic Blvd.	Santa Monica	CA	90404
<b>b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		CA	
<b>c. Mailing Address of Principal Executive Office, if different than item 3a</b>	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

Cogency Global Inc.

**5. Read and Sign Below** (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.

  
 \_\_\_\_\_  
 Signature

Bari Cooper Sherman, VP and Secretary  
 \_\_\_\_\_  
 Type or Print Name

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TH II OAKLAND MERCED GP 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TH II OAKLAND MERCED GP LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2024.

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



5035375 8300

SR# 20243711685

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204413646

Date: 09-17-24

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