2023 California Secretary of State

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LLC-5 **Secretary of State** Application to Register a Foreign Limited **Liability Company (LLC)**

For Office Use Only

-FILED-

File No.: 202464019882 Date Filed: 10/1/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filling Fee - \$70.00

LLC-5 (REV 11/2023)

Certified Copy Fee (Optional) - \$5.00

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

camomia Franchise rax board each year. For more information	1, go to	1			
https://www.ftb.ca.gov/.		This Space Fo	or Office t	Jse Only	<u> </u>
1a. LLC Name (Enter the exact name of the LLC as listed on your at	tached Certificate of Good S	tanding.)			
Position2Pivot LLC					
1b. California Alternate Name, If Required (Only enter an a	Itemate name if the LLC nam	ne in 1a not available in	California.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the atta	ched Certificate of Good Sta	nding.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed	i .)				
State	of Maryland	:			
b. Authority Statement (Do not alter Authority Statement)		, , ,			
This LLC currently has powers and privileges to conduct to	ousiness in the state, fo	reign country or pla	ace enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business address	es, Items 3a and 3b cannot b	e a P.O. Box or "in car	e of an ind	ividual or	entity.}
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations	`	State	Zip Coo	
13000 Tensor Lane NE	Flintstone		MD	2153	0
b. Street Address of Principal Office in California, If any - Do not enter a P.O	. Box City (no abbreviations)	State	Zip Cod	le
606 Broadway, Apt 402	Santa Monica		CA	9040	1
c. If the Mailing Address is the same as item 3a or 3b, check the applicable b	юх: 🔲 За 🔀 Зь	<u>.</u>			
d. Malling Address - if different than item 3a or 3b	City (no abbreviations)	State	Zip Cod	le
				<u> </u>	··· ······
4. Service of Process (Must provide either Individual OR Corpo					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent		·			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
Angela	Anita	Curry			<u> </u>
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations		State	2ip Cod 9040	
606 Broadway, Apt 402	Santa Monica		LA	3040	
CORPORATION - Complete Item 4c only. Only include the name of c. California Registered Corporate Agent's Name (if agent is a corporation) -					
C. Casicina inegistered corporate Agents mainte (il agent la 2 corporation) –	Do not complete tight 42 of 42				
5. Read and Sign Below (Title not required.)	·····	·			
By signing, I affirm under penalty of perjury that the inform	ation herein is true and	correct and that I	am autho	rized to	sian
on behalf of the foreign LLC.		1 1 8			
Ctrish	ANGELA C	URRY			
Signature	Type and Pr				

STATE OF MARYLAND Department of Assessments and Taxation

I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT POSITION2PIVOT LLC (W21235403), REGISTERED DECEMBER 26, 2020, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 15, 2024.

Daniel K. Phillips
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202 Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

> Online Certificate Authentication Code: sM8b6JqYn0uxPpa0AULD6g To verify the Authentication Code, visit http://dat.maryland.gov/verify