Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

File No.: 202465014410 Date Filed: 12/17/2024

For Office Use Only

-FILED-

B3280-1405 12/17/2024

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



California Francisco Tax Board each year. For more information, go to							
https://www.ftb.ca.gov/.			This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attach	ed Certificate of G	ood Standing	g.)				
HM MDM LLC							
1b. California Alternate Name, If Required (Only enter an altern	ate name if the LL	C name in 1a	a not available in	California.)		
		•					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	: Certificate of Goo	d Standing.)		·			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)		••					
Dela	ware						
b. Authority Statement (Do not alter Authority Statement)				· · · · · · · · · · · · · · · · · · ·			
This LLC currently has powers and privileges to conduct busin	ness in the stat	e, foreign	country or pla	ice enter	ed in It	em 2 <mark>a</mark>	
3. Business Addresses (Enter the complete business addresses. It	tems 3a and 3b car	nnot be a P.0	O. Box or "in care	e of an ind	ividual or	r entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	abbreviations)			Zip Code		
161 Rosa L Parks Blvd	Nashville	shville			37203		
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)			Zip Code		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√ 3a						
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	abbreviations)			Zip Code		
4. Service of Process (Must provide either Individual OR Corporation	1 n.)				<u> </u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's ful		nia street ad	dress.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name				Suffi	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	L	State	Zip Co	de	
				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 n	ot complete Item 4a	or 4b					
Corporation Service Company Which Will Do Business In Calif	ornia As CSC -	Lawyers I	ncorporating	Service			
5. Read and Sign Below (Title not required.)			••••				
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	n herein is true	and corre	ct and that I a	ım autho	rized to	sign	
Tim Storten	Tim Ho	orton					
Signative		d Print Na	eme				

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2023 California Secretary of State

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HM MDM 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 SIXTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HM MDM LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2024.

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



3816958 8300

Authentication: 205151931

Date: 12-16-24