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2023 California Secretary of State

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Secretary of State Application for Registration Foreign Limited Partnership (LP)

LP-5

For Office Use Only

-FILED-

File No.: 202565107300 Date Filed: 1/2/2025

Foreign Certificate of Good Standing is required.

Filing Fee - \$70.00

LP-5 (REV 06/2023)



Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs 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/.

Ingestivawa.tus.ca.govi.	j	Above Space For Office Use Only			
1. Name of Foreign LP (Only enter an atternate name if the foreign LP	name in Item 1a is not avai	ilable in CA.)			
 Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.) 	1b. Enter the Alternate	1b. Enter the Alternate Name to be Used in California, if required.			
Tourmaline Capital Fund IV L.P.					
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached C	ertificate of Good Standing	ı.)			
Jurisdiction (State, foreign country or place where this LP is formed.)					
Delaware					
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b cannot be a	P.O. Box or "in care	of" an indi	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
11250 El Camino Real, Suite 102	San Diego		CA	92130	
b. Malling Address of Principal Office, if different than item 3a	City (no abbreviations)		State	Zip Code	
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation			<u> </u>	<u> </u>	, -
INDIVIDUAL Complete Items 4a and 4b only. Must include agent's full					
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 CA	'	
CORPORATION - Complete Item 4c only. Only include the name of the		on.			
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	•				
Corporation Service Company Which Will Do Business		 _	<u> </u>	ating S	Service
5. General Partners (Enter the name and addresses of all the General	Partners. Attach additiona	l pages, if necessary	.)		
5a. General Partner's Name Tourmaline Capital Fund IV GP LLC					
6b. General Partner's Address	City (no abbreviations)		State	Zip Code	
11250 El Camino Real, Suite 102	San Diego		CA	92130	
6. Foreign Limited Liability Limited Partnership (Check this b			<u></u>	1	
Check this box if the foreign limited partnership is a foreign limited	d liability limited partners	ship.			
All attachments are part of this document. I declare that I am the deed. I further declare the information is true and correct, and I			which is	my act	and
Q-100	Jonathan Ch	eng			
General Partner's Signature	Type or Print	'			

Clear Form

Print Form

<u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "TOURMALINE CAPITAL FUND IV L.P." 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 DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOURMALINE CAPITAL FUND IV L.P." WAS FORMED ON THE TWENTIETH DAY OF DECEMBER,

A.D. 2024.

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

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Authentication: 205220342

Date: 12-23-24