Stat



Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

-FILED-

For Office Use Only

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

File No.: 202464613873 Date Filed: 11/6/2024

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$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 https://www.ftb.ca.gov/.	to	This Space F	or Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	ed Certificate of Go	· · · · · · · · · · · · · · · · · · ·			,	
Symbio Laboratories U.S., LLC						
1b. California Alternate Name, If Required (Only enter an alterna	ata pama if the LL/	Paramo io 1- ant queil-klusia	College			
The Camornia Alternate Name, it required (Only each an allein	are name if the FFr	, name in Ta not available if	1 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 busing	ness in the state	s, foreign country or pla	ace enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 35 car	not be a P.O. Box or fin car	e of an ind	lividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevia	abbreviations)		Zip Code		
8310 Miramar Mall	San Diego		CA	92121		
b. Street Address of Principal Office in California. if any - Do not enter a P.O. Box	City (no aboreviations)		State	Zip Code		
8310 Miramar Mall	San Diego	CA	92121			
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbrevia	State	Zip Code			
4. Service of Process (Must provide either Individual OR Corporation	1.)		<u></u>	<u> </u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and Californ	nia street address.				
a. California Agent's First Name (if agent is not a corporation) Greg	Middle Name	Jochems			Soffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	utions)	State	Zip Coc	 :е	
8312 Miramar Mall	San Diego		CA	92121		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent (Corporation.	d			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	ot complete item 4a	or 4b	·		· ··································	
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.	nherein is true	and correct and that I a	am autho	rized to	sign	
Hear Johans	Greg Jo					
Signature	Type an	Type and Print Name				



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The First State

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

DELAWARE, DO HEREBY CERTIFY "SYMBIO LABORATORIES U.S., 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 NINETEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMBIO LABORATORIES U.S., LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2022.

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

Authentication: 204672523

Date: 10-19-24

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