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## Secretary of State

Application to Register a Foreign Limited

Liability Company (LLC)



LLC-5

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

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

For Office Use Only

-FILED-

File No.: 202464518516 Date Filed: 11/12/2024

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 attache	d Certificate of Good Stan	ding.)			
TH II Fresno Ccdar GP LLC					
1b. California Alternate Name, if Required (Only enter an alterna	te name if the LLC name i	n 1a not available in (	California.	)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standin	ng.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)			-		
Delay	vare				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busin	ess in the state, foreig	gn country or plac	ce enter	ed in Ite	∍m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b cannot be a	P.O. Box or "in care	of" an indi	ividual or	entity.)
a. Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations) State		State	Zip Code	
1702 Olympic Blvd.	Santa Monica		CA	90404	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
			CA		
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.				1	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		<del></del>			Louesu
a. California Agent's First Name (if agent is <b>not</b> 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 Coo	de
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corporati	on.			
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	t 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 oreign LLC.

Bari Cooper Sherman, VP and Secretary

Type or Print Name

2023 California Secretary of State bizfileOnline.sos.ca.gov

LLC-5 (REV 06/2023)

Signature<sup>t</sup>

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TH II FRESNO CEDAR 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 TWELFTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TH II FRESNO CEDAR GP LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2024.

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



7691486 8300

Authentication: 204846670

Date: 11-12-24

SR# 20244182320

You may verify this certificate online at corp.delaware.gov/authver.shtml