

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

-FILED-

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Secretary of State	LP-5	For	Office Use	Only		
Application for Registration	···		FILEC	-		
Foreign Limited Partnership (LI	P)	-r	ILEL)-		
T. FROM ST.	,	File No.: 202	46490993	1		
	-	Date Filed: 1	2/13/2024			
oreign Certificate of Good Standing is required.						
Filing Fee - \$70.00	(\mathbf{D})					
Certified Copy Fee (Optional) - \$5.00						
	00 tay to the					
<i>lote</i> : Registered LPs in California may have to pay minimum \$86 California Franchise Tax Board each year. For more information,						
https://www.ftb.ca.gov/.		Above Space F	or Office	Use Onli	,	
. Name of Foreign LP (Only enter an alternate name if the foreign	LP name in Item 1a i					
a. Enter the Exact Name of the Foreign LP (as listed on the Certificate of		Alternate Name to be Used in	California,	if require	d.	
Good Standing.)						
B10 MOUNTAIN A SF LP				_		
2. LP Jurisdiction (Ensure that the jurisdiction matches the attach	ed Certificate of Good	Standing.)				
lurisdiction (State, foreign country or place where this LP is formed.)						
D	elaware					
B. Business Addresses (Enter the complete business addresses	es. Items 3a and 3b ca	nnot be a P.O. Box or "in care	of" an ind	ividual or	entity.)	
. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbre	City (no abbreviations)		Zip Code		
233 S. Wacker Dr., Suite 4700	Chicago			60606		
o. Mailing Address of Principal Office, if different than item 3a	City (no abbre	viations)	State	Zip Coo	le	
c. Address of required office in Jurisdiction of Formation, if any	City (no abbre	City (no abbreviations)		Zip Code		
4. Service of Process (Must provide either Individual OR Corpora		rnia atropi addraga	<u></u>	<u></u>		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix	
,						
o. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbre	City (no abbreviations)		Zip Coc	le	
			CA			
CORPORATION – Complete Item 4c only. Only include the name of California Registered Corporate Agent's Name (if agent is a corporation) – I		<u></u>				
• • • • • • • • • • • • • • • • • • • •	·		ncornor	ating 9	Servic	
Corporation Service Company Which Will Do Busing 5. General Partners (Enter the name and addresses of all the Ger						
5a. General Partner's Name	terar i armers. Attacii	additional pages, it necessar	<u> </u>			
B10 Mountain A SF GP LLC						
5b. General Partner's Address	City (no abbre	City (no abbreviations)		Zip Code		
233 S. Wacker Dr., Suite 4700	Chicago	Chicago			60606	
i. Foreign Limited Liability Limited Partnership (Check t	his box only if applicat	ole)				
Check this box if the foreign limited partnership is a foreign lin	mited liability limited	partnership.				
All attachments are part of this document. I declare that I a deed. I further declare the information is true and correct, a			which is	my act	and	
Laborat Ato	Lakecia	Stanford, Assistant Secretary General partner	of B10 Mc	ountain A	SF GP	

Type or Print Name

General Partner's Signature

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "B10 MOUNTAIN A SF LP" 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B10 MOUNTAIN A SF LP" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2024.

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



Authentication: 205124991

Date: 12-13-24