

## **Secretary of State**

LLC-5

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

File No.: 202464414100 Date Filed: 10/28/2024

For Office Use Only

-FILED-

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

California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	io l	This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Good				<u> </u>
Visionary Co-Invest Fund IX, LLC					
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LLC na	ıme in 1a not available in	California.	)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good St	tanding.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delav	vare				
b. Authority Statement (Do not alter Authority Statement)		<del></del>			
This LLC currently has powers and privileges to conduct busine	ess in the state, f	oreign country or pla-	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 ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviation	City (no abbreviations)		Zip Cod	de
620 Newport Center Dr., Ste 650	Newport Beach		CA	92660	
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
620 Newport Center Dr., Ste 650	Newport Beach		CA	92660	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√3a <u></u> 3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Cod	ie
4. Service of Process (Must provide either Individual OR Corporation.	1		<u> </u>	<u> </u>	
INDIVIDUAL - Complete Items 4e and 4b only. Must include agent's full		street address.			
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 abbreviation	ns)	State	Zip Cod	de
			CA		
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corp	oration.	4		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	t complete Item 4a or 4	#b			
Registered Agent Solutions, Inc.					
5. Read and Sign Below (Title not required.)					
By signing, I affirm under panalty of perjury that the information on behalf of the foreign LLC	herein is true and	d correct and that I a	m autho	rized to	sign
	Jeffry K.	Weinhuff			
Signature	Type and F				
LLC-5 (REV 11/2023)	- ·		2023 Çali	ifornia Secr	etary of St

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

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

DELAWARE, DO HEREBY CERTIFY "VISIONARY CO-INVEST FUND IX, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISIONARY CO-INVEST FUND IX, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL,

A.D. 2019.

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

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Authentication: 204731474

Date: 10-28-24

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SR# 20244054545

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