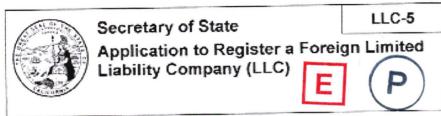
at



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

on behalf of the foreign und

Signature/

LLC-5 (REV (1/2023)

For Office Use Only

-FILED-

File No.: 202463816429 Date Filed: 9/13/2024

certified copy red (optional) Trive)						
Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.tb.ca.gov/			This Space For Office Use Only				
 LLC Name (Enter the exact name of the LLC as listed on your attached 	Certificate of G	ood Standing)				
DHMI Management, LLC							
1b. California Alternate Name, If Required (Only enter an alternate	e name if the U	.C name in 1a	not available in Califo	ornia.)		-	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached 0	Sertificate of Go	od Standing.)			al de la companya de		
a. Jurisdiction (State, foreign country or place where this LLC is formed.)							
Delaw	vare						
 b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct business 	ess in the sta	ite, foreign	country or place e	entere	d in Iter	n 2a.	
3. Business Addresses (Enter the complete business addresses, Iter	ms 3a and 3b c	annot be a P.C	D. Box or "in care of" a	an indiv	ridual or e	ntity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbre	viations)	9	State	Zip Code		
207 Sand Fiddler Ct	Kiawah Is	sland		SC	29455		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbro	no abbreviations)			Zip Code		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	√3a 3b						
d. Mailing Address - if different than item 3a or 3b	City (no abbre	viations)	5	State	Zip Code		
Service of Process (Must provide either Individual OR Corporation INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full.) name and Calif	omia street ad	idress.			F. 45	
a California Agent's First Name (if agent is not a corporation)	Middle Name	ne Last Name		B		Suffer	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbre	eviations)		State Zip Code CA			
CORPORATION - Complete Item 4c only. Only include the name of the	registered ager	nt Corporation.					
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do n							
CSC-Lawyers Incorporating Service							
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

John McAvoy Type and Print Name

> 2023 California Secretary of State bufferOmmerson causes

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DHMI MANAGEMENT, 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 THIRD DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DHMI MANAGEMENT, LLC" WAS FORMED ON THE EIGHTH DAY OF JUNE, A.D. 2022.

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

6845015 8300 SR# 20243587011 Authentication: 204299670

Date: 09-03-24