

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

LP-5



For Office Use Only

-FILED-

File No.: 202463906644 Date Filed: 9/18/2024

Foreign Certificate of Good Standing is required.

Filing Fee - \$70,00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LPs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

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 Enter the Exact Name of the Foreign LP (as listed on the Certificate of Good Standing.) 	1b. Enter the Alternate Name to be Used in California, if required.		
TH II Oakland Merced LP			
2. LP Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standing.)	<u></u>	
Jurisdiction (State, foreign country or place where this LP is formed.)			
De	laware		
3. Business Addresses (Enter the complete business addresses.	liems 3a and 3b cannot be a P	O, Box or "in care of" an in	dividual or entity
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		
1702 Olympic Boulevard	Santa Monica	CA	90404
b. Mailing Address of Principal Office, if different than Item 3a	City (no abbreviations)	State	Zip Code
c. Address of required office in Jurisdiction of Formation, if any	City (no abbreviations)	State	Zip Code
4. Service of Process (Must provide either Individual OR Corporation	on.)		
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi	ill name and California street a		Suf
•	•	ddress. Last Name	Suf
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi	ill name and California street a		Suf
INDIVIDUAL - Complete items 4a and 4b only. Must include agent's fi a. California Agent's First Name (if agent is not a corporation)	ull name and California street a Middle Name	Last Name	
INDIVIDUAL - Complete items 4a and 4b only. Must include agent's fi a. California Agent's First Name (if agent is not a corporation)	Middle Name City (no abbreviations)	Last Name State CA	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	Middle Name City (no abbreviations) e registered agent Corporation	Last Name State CA	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's fi a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box CORPORATION - Complete Item 4c only. Only include the name of the	Middle Name City (no abbreviations) e registered agent Corporation	Last Name State CA	
INDIVIDUAL — Complete Items 4a and 4b only. Must include agent's fit a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) — Do not enter a P.O. Box CORPORATION — Complete Item 4c only. Only include the name of the c. California Registered Corporate Agent's Name (if agent is a corporation) — Do	Middle Name Middle Name City (no abbreviations) e registered agent Corporation not complete Item 4a or 4b	Last Name State CA	
INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's fi a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) – Do not enter a P.O. Box CORPORATION – Complete Item 4c only. Only include the name of the c. California Registered Corporate Agent's Name (if agent is a corporation) – Do Cogency Global Inc.	Middle Name Middle Name City (no abbreviations) e registered agent Corporation not complete Item 4a or 4b	Last Name State CA	
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INDIVIDUAL — Complete Items 4a and 4b only. Must include agent's fit a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) — Do not enter a P.O. Box CORPORATION — Complete Item 4c only. Only include the name of the c. California Registered Corporate Agent's Name (if agent is a corporation) — Do Cogency Global Inc. 5. General Partners (Enter the name and addresses of all the General Partner's Name TH II Oakland Merced GP LLC 5b. General Partner's Address	Middle Name City (no abbreviations) re registered agent Corporation not complete Item 4a or 4b City (no abbreviations) City (no abbreviations) Santa Monica	Last Name State CA	Zip Code
INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's fit a. California Agent's First Name (if agent is not a corporation) b. Street Address (if agent is not a corporation) – Do not enter a P.O. Box CORPORATION – Complete Item 4c only. Only include the name of the c. California Registered Corporate Agent's Name (if agent is a corporation) – Do Cogency Global Inc. 5. General Partners (Enter the name and addresses of all the General Sa. General Partner's Name TH II Oakland Merced GP LLC 5b. General Partner's Address 1702 Olympic Blvd.	Middle Name City (no abbreviations) re registered agent Corporation not complete Item 4a or 4b City (no abbreviations) City (no abbreviations) Santa Monica	Last Name State CA	Zip Code

deed. I further declare the information is true and correct, and I am authorized to sign.

LP-5 (REV 06/2023)

General Partner's Signature

Bari Cooper Sherman, VP/Secy of General Partner, TH II Oakland Merced GP LLC

Type or Print Name



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "TH II OAKLAND MERCED 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TH II CAKLAND MERCED LP" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204413657

Date: 09-17-24

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