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.: 202464414125 Date Filed: 10/28/2024

California Franchise Tax Board each year. For more information, go to 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 attached	f Certificate of G	ood Standing.)			
Visionary Co-Invest Fund VI, LLC					•••
1b. California Alternate Name, If Required (Only enter an alternate	e name if the LL	C name in 1a not a	vailable in California)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached (Certificate of Goo	d Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)	,				
Delaw	are				
b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct busine	see in the stat	e foreign count	to, or place enter	ed in Ita	m 2a
	·-·				
3. Business Addresses (Enter the complete business addresses. Ite	,		· · · · · · · · · · · · · · · · · · ·		
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	State	Zip Code 92660		
620 Newport Center Dr., Ste 650	Newport E	CA			
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)		State	2ip Code 92660	
620 Newport Center Dr., Ste 650				92000	
	/_3a3b			1	
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)		<u> </u>		1	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full r	name and Califor	nia street address.			
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 abbreviations) State Zip Code		l		
		···-	CA		-
CORPORATION - Complete Item 4c only. Only include the name of the r	egistered agent	Corporation.			

5. Read and Sign Below (Title not required.)

Registered Agent Solutions, Inc.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b

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 foreign Li

Signature

LLC-5 (REV 11/2023)

Jeffry K. Weinhuff Type and Print Name

Page 1

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

DELAWARE, DO HEREBY CERTIFY "VISIONARY CO-INVEST FUND VI, 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 VI, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2017.

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

A CONTRACTOR OF CONTRACTOR OF

6568859 8300

SR# 20244054558

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204731481

Date: 10-28-24