

LLC-5 **Secretary of State** Application to Register a Foreign Limited

Liability Company (LLC)

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.: 202464714984 Date Filed: 11/21/2024

California Franchise Tax Board each year, For more information, go thttps://www.ftb.ca.gov/.	0	This Space Fo	r Office l	Jse Only	<i>!</i>
1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)					
San Gabriel 1 Inv, LLC					
1b. California Alternate Name, if Required (Only enter an alternate name if the LLC name in 1a not available in California.)					
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached Certificate of Good Standing.)					
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delaware					
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.					
3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of an individual or entity.)					
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
3121 Michelson Drive, Suite 150	frvine		CA	92612	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zɨp Code	
3121 Michelson Drive, Suite 150	Irvine		CA	92612	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box: X 3a 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations) Sta			Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.)					
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.					
a. California Agent's First Name (if agent is not a corporation)	Middle Name	e Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	bbreviations) State		Zip Code	
CORPORATION – Complete Item 4c only. Only include the name of the registered agent Corporation.					
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b					
Cogency Global Inc.					
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 on behalf of the foreign LLC.					
	Scott Homan				
Signature Type and Print Name					

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



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The First State

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

DELAWARE, DO HEREBY CERTIFY "SAN GABRIEL 1 INV, 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-FIRST DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAN GABRIEL 1 INV, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2024.

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



Authentication: 204937197

Date: 11-21-24