## **Secretary of State**

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Secretary of State		-	For Office Use	Only
Application to Register a Foreign Li			-FILED	,
Liability Company (LLC)		'	-LIFER	<b>)-</b>
CITY OF THE PARTY		File No	o.: 20246461635	5
		Date F	Filed: 11/15/2024	
Must be submitted with a current Certificate of Good Standing government agency where the LLC was formed.	issued by the	<u> </u>		
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, g				
https://www.ftb.ca.gov/.		This Spac	ce For Office L	lse Only
1a. LLC Name (Enter the exact name of the LLC as listed on your attact	hed Certificate of G	Good Standing.)		
			<del></del> . " ,,	
Accuracy US LLC				
1b. California Alternate Name, If Required (Only enter an alter	rnate name if the III	C name in 1a not avails	ıble in California	······
The Canada Canad	nate name if the EL	.o name in la not avalia	,,,,, in Gamonia.,	<u>,                                    </u>
			·	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attache	ed Certificate of Go	od Standing.)		
a. Jurisdiction (State, foreign country or place where this LLC is formed.)				
Del	aware			
b. Authority Statement (Do not alter Authority Statement)				
This LLC currently has powers and privileges to conduct bus	iness in the sta	te, foreign country of	or place enter	ed in Item 2
B. Business Addresses (Enter the complete business addresses.	Items 3a and 3b ca	annot be a P.O. Box or "i	in care of an indi	vidual or entity
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	viations)	State	Zip Code
230 Avenue of the Americas Ste 1909	New York	, •	NY	10020
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	ox City (no abbrev	City (no abbreviations)		Zip Code
			CA	
. 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 abbrev	/iations)	State	Zip Code
.251 Avenue of the Americas 3rd Fl	New York	New York		10020
4. Service of Process (Must provide either Individual OR Corporati	ion.)	<u>-</u>		·* -,
[NDIVIDUAL - Complete Items 4a and 4b only. Must include agent's f	iull name and Califo	rnia street address.		_
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Nam	ie	Suf
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	viations)	State	Zip Code
			CA	<u> </u>
CORPORATION - Complete Item 4c only. Only include the name of the	he registered agent	Corporation.		
. California Registered Corporate Agent's Name (if agent is a corporation) – Do	not complete Item 4	a or 4b		
Corporation Service Company Which Will Do Business In Cal	lifornia As CSC -	Lawyers Incorpora	iting Service	
5. Read and Sign Below (Title not required.)				
By signing, I affirm under penalty of perjury-that the informati	ion horoin in tou	and correct and th	nat I am autho	rized to sian
	on nerem is trut	s and correct and t		
on behalf of the foreign LLC.  Signature	Damie	en Gros		

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ACCURACY US 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCURACY US LLC"
WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2024.

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



Authentication: 204882138

Date: 11-15-24