

Secretary of State Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only

-FILED-

File No.: 202463915254 Date Filed: 9/18/2024

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Processing Fee: \$0 - The processing fee is waived for submissions submitted July 1, 2022 - June 30, 2023.

Certification Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax board remains due and is not subject to the processing fee waiver. For more information, go to ftb.ca.gov.

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1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Altos I	Hvbrid	6 P-PFM	. LLC
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- 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 Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
250 California Drive, Floor 4	Burlingame	CA	94010
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box 250 California Drive, Floor 4	City (no abbreviations) Burlingame	State CA	Zip Code 94010
c. Mailing Address of Principal Executive Office, If different than item 3a	City (no abbreviations)	State	Zip Code
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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) Hodong	Middle Name	Last Name Nam			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 250 California Drive, Floor 4	City (no abbreviations) Burlingame		State CA	Zip Cod 9401	

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

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.

Signature

Hodong Nam, Manager

Type or Print Name

LLC-5 (REV 02/2023)

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The First State

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

DELAWARE, DO HEREBY CERTIFY "ALTOS HYBRID 6 P-PFM, 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALTOS HYBRID 6"
P-PFM, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D.
2024.

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

Authentication: 204420165

Date: 09-18-24

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