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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 California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/.

For Office Use Only

-FILED-

File No.: 202463517710 Date Filed: 8/20/2024

https://www.ftb.ca.gov/.		This Space For Office		Jse Onl	у
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of Go	ood Standing.)	•		
MAKOR MAYYIM CHAIM LLC					
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LLC	name in 1a not available i	in California.)	
					
2 LLC Invication (Transport that the installation matches the production	O-45-4-40-			W-3:	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	o Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.) NEVA	A D A				
	ADA				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busin	ess in the state	e, foreign country or p	lace enter	ed in Ite	em 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b car	nnot be a P.O. Box or "in ca	re of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	City (no abbreviations)		Zip Code	
240 N SPECTRUM BLVD	LAS VEGAS	NV	89101		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrevi	State	Zip Code		
3400 S MAIN ST	LOS ANGELE	CA	90007		
c. 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 abbrevia	State	Zip Cod	ie	
. <u> </u>					
4. Service of Process (Must provide either Individual OR Corporation.)		•	····	
INDIVIDUAL - Complete items 4a and 4b only. Must include agent's full	name and Californ	nía street address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix
A		COHEN			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevi	ations)	State	Zip Co	de
3400 S MAIN ST	LOS ANG	ELES	CA	Pax	<i>5</i> 7
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 no	t complete Item 4a	or 4b			
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct and that I	am autho	rized to	sign
A. C.	ABRAH	AM COHEN			
Signature	Type and Print Name				

LLC-5 (REV 11/2023)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Makor Mayyim Chaim LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 08/07/2020, and in good standing in this State.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation or qualification document and no amendments on file in this office as of the date of this certificate.



Certificate Number: B202408154881932

You may verify this certificate

online at https://www.nvsilverflume.gov/home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/15/2024.

FRANCISCO V. AGUILAR Secretary of State