## **Secretary of State**

## Application to Register a Foreign Limited

## -FILED-

	LLC-5		
Secretary of State		For Office Use Only	
Application to Register a Foreign Limited		-FILED-	
Liability Company (LLC)		File No.: 202464514	1889
Contraction of the contraction o		Date Filed: 11/6/202	
Must be submitted with a current Certificate of Good Standing overnment 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 California Franchise Tax Board each year. For more information https://www.ftb.ca.gov/.  1a. LLC Name (Enter the exact name of the LLC as listed on your attempt of the LLC as listed on your attempt.)	\$800 tax to the	This Space For Offi od Standing.)	ice Use Only
1b. California Alternate Name, If Required (Only enter an al	Iternate name if the LLC	name in 1a not available in Califo	rnia.)
LLC Jurisdiction (Ensure that the Jurisdiction matches the attachment)	ched Certificate of Good	Standing.)	
a. Jurisdiction (State, foreign country or place where this LLC is formed	•		
D	elaware		
b. Authority Statement (Do not alter Authority Statement)			
This LLC currently has powers and privileges to conduct b	usiness in the state	, foreign country or place er	ntered in Item 2
3. Business Addresses (Enter the complete business addresse	es, Items 3a and 3b cann	ot be a P.O. Box or "in care of" ar	a Individual or entit
a. Street Address of Principal Office - Do not enter a P.O. Box	, ,	City (no abbreviations) State Zip Code	
1570 Executive Drive, Suite 400	San Diego	C	A 92121
<ul> <li>b. Street Address of Principal Office in California, If any - Do not enter a P.O.</li> </ul>	Box City (no abbreviat	· ·	ate Zip Code
		C	A
c. If the Mailing Address is the same as item 3a or 3b, check the applicable be	<del></del>		
f. Mailing Address - if different than Item 3a or 3b	City (no abbreviat	ions) St	ate Zip Code
4. Service of Process (Must provide either Individual OR Corpor	•	a stroot address	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent' a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Su
a. Comornia rigorico i noi manta (a agentio nes a corporation)	WHOOLE HOUSE	Fast Maille	اعت
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviat	lions) St	ale Zip Code
	, ,	·	A
, and a second of the second o		, · ·	1
	of the registered agent Co	orporation,	
CORPORATION - Complete item 4c only. Only include the name of		· · · · · · · · · · · · · · · · · · ·	
	Do not complete item 4a c	or 4b	ce

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

Dawn Saunders, Vice President, Legal

Type and Print Name

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "BRE-BMR 10555 SCD 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRE-BMR 10555 SCD LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2024.

OF THE SIXTH DAY OF NOVEMBER, A.D. 2024.

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



Authentication: 204812587

Date: 11-06-24