

Secretary of State

-FILED-

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Secretary of State	LLC-5				
Application to Register a Foreig Liability Company (LLC)	n Limited	For Office Use Only -FILED- File No.: 202464119799			
Must be submitted with a current Certificate of Good Standing government agency where the LLC was formed.	issued by the	Date Filed: 1	0/7/2024		
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/ .	\$800 tax to the go to	This Space Fo	r Office L	Jse Only	1
1a. LLC Name (Enter the exact name of the LLC as listed on your atta	ched Certificate of G				
Genesee Valley Innovations, LLC					-
1b. California Alternate Name, If Required (Only enter an alte	ernate name if the LL	C name in 1a not available in	California))	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attack	ned Certificate of Goo	nd Standing)			-
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
De	laware				
b. Authority Statement (Do not after Authority Statement)					
This LLC currently has powers and privileges to conduct bu	siness in the stat	e, foreign country or pla	ce enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses	. Items 3a and 3b ca	nnot be a P.O. Box or "in care	of' an indi	ividual or e	entity)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	City (no abbreviations)		Zip Code	
2880 Lakeside Dr, Suite 320	Santa Clar	Santa Clara		95054	e 1
b Street Address of Principal Office in California, If any - Do not enter a P.O. 8	Box City (no abbrev	City (no abbreviations)		Zip Cod	
2880 Lakeside Dr, Suite 320	Santa Clai	Santa Clara		95054	
c. If the Mailing Address is the same as item 3s or 3b, check the applicable box	x: 🔽 3a 🔲 3b				
d. Mailing Address - if different than item 3a or 3b	City (no abbrevi	City (no abbreviations) State		Zip Code	
4. Service of Process (Must provide either Individual OR Corpora	·				
INDIVIDUAL - Complete Items 4a and 4b only Must include agent's					Suffix
California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		_	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrev	akons)	State CA	Zip Cod	e
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) - D	o not complete item 4a	or 4b			
Corporation Service Company Which Will Do Business In Ca	alifornia As CSC -	Lawyers Incorporating	Service		
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

ichelle Kin

Michelle Kim Type and Print Name <u>Delaware</u>

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The First State

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

DELAWARE, DO HEREBY CERTIFY "GENESEE VALLEY INNOVATIONS, 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 SEVENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENESEE VALLEY INNOVATIONS, LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2024.

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



Authentication: 204570886

Date: 10-07-24