

Secretary of State

LLC-5

Application to Register a Foreign Limited Liability Company (LLC)

For Office Use Only

-FILED-

File No.: 202464615225 Date Filed: 11/14/2024

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/.

		This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attache	d Certificate of Good Stand	ing.)			
1P Housing	Fund, LLC				
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LLC name in	1a not available in	California.))	
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2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good Standin	g.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delav	vare				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state, foreig	n country or pla	ace enter	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b cannot be a	P.O. Box or "in care	e of' an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
10573 W Pico Blvd, Suite 228	Los Angeles		CA	90064	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
10573 W Pico Blvd, Suite 228	Los Angeles		CA	90064	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	X]3a		•		
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)		State	Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.	<u> </u>			<u> </u>	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name				Suffix
Adam		Λ	Miller		<u> </u>
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
10573 W Pico Blvd, Suite 228	Los Angeles		CA	90064	
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent Corporatio	n			
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 cor	rect and that I a	am author	rized to	sign
_ adam Miller		Adam Miller, Manager			
Signature	Type and Print I	Name			
LLC-5 (REV 11/2023)			2023 Calif	omia Secre	etary of Sta

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

DELAWARE, DO HEREBY CERTIFY "1P HOUSING FUND, 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 "1P HOUSING FUND, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2024.

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

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

Authentication: 204863556

Date: 11-13-24