



Business Entities, 1500 11th St., 3rd Floor, Sacramento, CA 95814

### Thank You for Doing Business in California

Congratulations on the registration of your limited liability company with the California Secretary of State (SOS). Please see below for important information.

The details of your business entity and free images of filings are available online at BusinessSearch.sos.ca.gov. For additional information about starting a new business in California, go to www.sos.ca.gov/business/be/starting-business-checklist.

### What's next? Required Filings

SOS Statement of Information – Limited liability companies must fill out and file a complete Statement of Information (Form LLC-12) within the <u>first 90 days</u> of registering with the SOS, and every 2 years thereafter before the end of the calendar month of the original registration date.

How can you file your Statement of Information?

- Online Service:
  - Submit your Statement of Information online at LLCbizfile.sos.ca.gov.
- Other Submission Options:
  - Submit your Statement of Information by mail to the SOS's Sacramento office; or
  - Submit your Statement of Information (drop off) at the SOS's Sacramento office.
- Additional information regarding Statements of Information, including forms, instructions and fees is available at www.sos.ca.gov/business/be/statements.

<u>Franchise Tax Board (FTB) Tax Filing</u> – Once your limited liability company is registered with the SOS, you are required to file a tax return with FTB for each taxable year even if you are not conducting business or have no income. Contact FTB at *ftb.ca.gov* or (800) 852-5711 for forms and requirements concerning franchise taxes or income taxes.

Be aware, if you fail to file a return by the original or extended due date, or fail to pay taxes when due, a penalty may be imposed by FTB. Please visit ftb.ca.gov/businesses/Penalty-Information.shtml for tax penalty related information.

### Other Business Information and Resources

All business entities are subject to state and federal tax laws. You may wish to contact the following agencies to assist you with these issues:

- Internal Revenue Service *irs.gov* or call (800) 829-1040 for forms and issues concerning Federal tax, employer identification numbers, subchapter S elections.
- State Board of Equalization -boe.ca.gov or call (800) 400-7115 for forms and issues concerning sales taxes or use taxes.
- Employment Development Department edd.ca.gov or call (800) 300-5616 for forms and issues concerning employment and payroll taxes.
- CalGold calgold.ca.gov for appropriate permit, licensing, and contact information for the various agencies that administer and issue these permits.
- SOS Business Resources www.sos.ca.gov/business/be/resources for a list of agencies you may need to contact to ensure proper compliance with California state law.
- CA Governor's Office of Business and Economic Development (Go-Biz) business.ca.gov for a range of business services including, site selection and permit assistance.

# State of California Secretary of State

## **CERTIFICATE OF REGISTRATION**

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

That on the 15th day of November, 2017, 3010 GILROY OWNER, LLC, complied with the requirements of California law in effect on that date for the purpose of registering to transact intrastate business in the State of California; and further purports to be a limited liability company organized and existing under the laws of **Delaware** as 3010 GILROY OWNER, LLC and that as of said date said limited liability company became and now is duly registered and authorized to transact intrastate business in the State of California, subject, however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 22, 2017.



ALEX PADILLA Secretary of State

### Secretary of State

LLC-5

### Application to Register a Foreign Limited Liability Company (LLC)



IMPORTANT - Read Instructions before completing this form.

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

Filing Fee - \$70.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$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.

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201732610261

This Space For Office Use Only

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

3010 GILROY OWNER, L	L	C
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1b. California Alternate Name, If Required (See Instructions - Only enter an alternate name if the LLC name in 1a not available in California.)

2. LLC History (See Instructions - Ensure that the formation date and jurisdiction match the attached Certificate of Good Standing.)

a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) b. Jurisdiction (State, foreign country or place where this LLC is formed.)

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**DELAWARE** 

c. 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 2b.

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
837 N. SPRING ST., #100	LOS ANGELES	CA	90012
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
837 N. SPRING ST., #100	LOS ANGELES	CA	90012
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
C. Maining Address of Filliops Exceeding Office, it different than formed	only (no operational)	0.0.0	

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)	Middle Name	Last Name			Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Co	de
			CA		

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

REGISTERED AGENT SOLUTIONS, INC. (C2392069)

5. Read and Sign Below (See Instructions. Title not required.)

I am authorized on behalf of the foreign LLC.

Signature

James M. Jacobsen

Type or Print Name

2017 California Secretary of State www.sos.ca.gov/business/be

LLC-5 (REV 01/2017)



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

DELAWARE, DO HEREBY CERTIFY "3010 GILROY OWNER, 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 TWENTY-FIFTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3010 GILROY

OWNER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D.

2017.

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

6591041 8300 SR# 20176776625

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203456293

Date: 10-25-17

17-373036

FILED Secretary of State State of California

NOV 2 8 2017

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

3010 GILROY OWNER, LLC

2. 12-Digit Secretary of State File Number 201732610261

3. State, Foreign Country or Place of Organization (only if formed outside of California)

**DELAWARE** 

4.	Busi	ness	Add	resses
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a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
837 N. SPRING ST., #100	LOS ANGELES	CA	90012
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
837 N. SPRING ST., #100	LOS ANGELES	CA	90012
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a, First Name, if an individual - Do not complete Itam 5b JAMES	Middle Name M	Last Name JACOBSEN		Suffix
b, Entity Name - Do not complete Item 5a				
c. Address 837 N. SPRING ST., #100	City (no abbreviations)		State CA	Zip Code

Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 6a and 6b only. Must include agent's full name and California street address

a 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 abbreviations)		State CA	Zip Co	de

CORPORATION - Complete Item 6c 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 6a or 6b

REGISTERED AGENT SOLUTIONS, INC. (C2392069)

7. Type of Business

a Describe the type of business or services of the Limited Liability Company

Real Estate/Rental

8. Chief Executive Officer, if elected or appointed

a, First Name	Middle Name	Last Name			Suffix
b. Address	City (no abbreviations)	•	State	Zip Coo	de

9. The Information contained herein, including any attachments, is true and correct.

	JAMES M. JACOBSEN	MANAGER/MEMBER	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

BRITTANY HOKE

Сотралу:

REGISTERED AGENT SOLUTIONS, INC.

Address:

1701 DIRECTORS BLVD., SUITE 300

City/State/Zip:

| AUSTIN, TX 78744

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:26 PM 12/04/2017
FILED 07:26 PM 12/04/2017
SR 20177376793 - File Number 6646064

# STATE OF DELAWARE CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1.	The name of the limite	ed liability company is 3010 Gilroy Associates,	LLC
			Name of the last o
2.		of the limited liability company in the State	of Delaware is
loca	ted at 9 E. Loockerman Stre	eet, Suite 311	(street),
in th	e City of Dover	, Zip Code 19901	. The
		at such address upon whom process against a red is Registered Agent Solutions, Inc.	this limited
			·
		By: /s/ James Jacobsen	
		Authorized Person	1
		Name: James Jacobsen	
		Print or Type	

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "3010 GILROY

ASSOCIATES, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF

DECEMber, A.D. 2017, AT 7:26 O'CLOCK P.M.



Authentication: 203684334

Date: 12-05-17

6646064 8100 SR# 20177376793