From: Kaity Tor

11/17/21, 3:33 PM

Division of Corporations

Florica Personant of State Division of Confordions Electronic Fridge Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

C1	Address:			
rmall	MUULES :			

Foreign Limited Liability Company Pontus MAG Vallejo, LLC

2021 NOY 17 PM 4:55

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2021 NOV 17 PH 4:

From: Kaity Tc

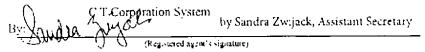
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,0702, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	neida. The a	ilternate name must metude "Li	mited Endulity Company,	""L L.C.," or "
Delaware			81-2009522		
(Jurisdiction under the law of which foreign limited liability company is organized)		3.	ii	El number, it applicable)	
11/01/2021					
	(Date first pursuated business in Florida, if prior to (See sections 605 6404 & 605 6905, F.S. to determine	registration ine pensity l) iability (
875 Prospect Street, Suite 303		6.	875 Prospect Street, S		
cet Address of Principal Office)		0	(Mailing Address)		
La Jolla, CA 92037			La Jolla, CA 92037		
		-		_	
		-			
Name and street address	ss of Florida (egistered agent: (P.O. Box	<u>NOT</u> a	eceptable)		. ~
				A.C.	2021 NOV 1.7 Secretary
Name:	C T Corporation System			р́НASS	₩ 0
	1200 South Pinc Island Road			W. 33.	17 187
Office Address:					PH 4: 15
			1227	, <u></u> ,	<i></i>
	Plantation		3332 . Florida	· · · · · · · · · · · · ·	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



From: Kaity To

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>·:</u>	Name and Address:
⊾Manager	Name: Michael Press	□Manager	Name:	
■Member	Address: 875 Prospect Street, Suite 303	□Member	Address:	
□Authorized	La Jolla, CA 92037	□Authorized		
Person		Person		
□Other	Other	□ Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□()ther
□Manager	Name:	□Manager	Name:	<u> </u>
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Press	Digitally signed by Metchen Prival (1947-million Med Prival) (1947-million Med Prival) (1947-million Med Prival) (4) a manda-migrapsophysiological scarch Circle (1949-1951) 114 (1952) 155 digitally (1949-1951) 114 (1952) 155 digitall	
	Signature of an authorized person	
Michael Press		
	Typed or printed name of signee	

Page 1

From: Kaity To

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PONTUS MAG VALLEJO, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2021.

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

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

Authentication: 204719998

Date: 11-17-21