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## FOREIGN REGISTRATION STATEMENT

Please read Instructions L025i

**1. ENTITY TYPE – check only one** to indicate the type of entity applying for registration:

☒ LIMITED LIABILITY COMPANY    ☐ PROFESSIONAL LIMITED LIABILITY COMPANY    ☐ SERIES LLC

**2. NAME IN STATE OR COUNTRY OF FORMATION (FOREIGN NAME) –** enter the exact, true name of the foreign LLC:

13930 W Sweetwater Ave LLC

**3. NAME TO BE USED IN ARIZONA (ENTITY NAME) –** identify the name the foreign LLC will use in Arizona by checking 3.1 or 3.2 (check only one), and follow instructions:  
NOTE: For a foreign series LLC, "Series" must be included in the name.

**3.1**    ☒ **Name in state or country of formation**, with no changes or additions – go to number 4 and continue.

**3.2**    ☐ **Fictitious name** – check this if the foreign LLC's name in its state or country of formation is not available for use in Arizona or if that name does not contain an LLC identifier, and enter the name in number 3.3 below. **NOTE** – a resolution of the company adopting the fictitious name must be attached to and submitted with this form.

**3.3**    **If you checked 3.2**, enter or print the name to be used in Arizona:

**4. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES –** if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

**5. FOREIGN DOMICILE –** list the state or country in which the foreign LLC was formed:

Delaware

**6. DATE OF FORMATION IN FOREIGN DOMICILE:** November 9, 2022

**7. PURPOSE OR GENERAL CHARACTER OF BUSINESS –** describe or state the purpose of the foreign LLC or the general character of the business it proposes to transact in Arizona:  
Real Estate Ownership

**8. STATUTORY AGENT IN ARIZONA:**

**8.1 REQUIRED** – give the **name** (can be an individual or an entity) **and physical or street address** (not a P.O. Box) in Arizona of the statutory agent:

**8.2 REQUIRED** – mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box):  
☒ Check box if same as street address.

C T Corporation System

Statutory Agent Name (required)

Attention (optional)

Attention (optional)

Address 1

Address 1

3800 North Central Avenue, Suite 460

Address 2 (optional)

Address 2 (optional)

City Phoenix

AZ  
State85012  
Zip

City

State

Zip

**8.3 REQUIRED** – the Statutory Agent Acceptance form M002 must be submitted along with this Application For Registration.

**9. PRINCIPAL MAILING ADDRESS - FOREIGN LLC – *see Instructions L025i***

Give the **mailing address** of the foreign LLC (not required to, but can be in Arizona and may be a P.O. Box):

100 Wilshire Boulevard, #1400		
Attention (optional)		
Address 1		
Santa Monica		
Address 2 (optional)		
California		90401
City	State or Province	Zip
Country	UNITED STATES	

**10. JURISDICTION OF FORMATION:**

**10.1** Does the jurisdiction of formation require the LLC to maintain a street address in that jurisdiction?

☐ Yes - complete number 10.2 and continue.

☒ No - complete number 10.3 and continue.

**10.2** If you answered "yes" to number 10.1, give the Foreign LLC street address in jurisdiction of formation.

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

**8. STATUTORY AGENT IN ARIZONA:**

<b>8.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the statutory agent:			<b>8.2 REQUIRED</b> - mailing address in Arizona of statutory agent, if different from street address (can be a P.O. Box): <input checked="checked" type="checkbox"/> Check box if same as street address.		
C T Corporation System					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1 3800 North Central Avenue, Suite 460			Address 1		
Address 2 (optional)		AZ	85012	Address 2 (optional)	
City	Phoenix	State	Zip	City	State Zip
<b>8.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Application For Registration.					

**9. PRINCIPAL MAILING ADDRESS - FOREIGN LLC – *see Instructions L025i***

Give the **mailing address** of the foreign LLC (not required to, but can be in Arizona and may be a P.O. Box):

100 Wilshire Boulevard, #1400		
Attention (optional)		
Address 1 Santa Monica		
Address 2 (optional)		90501
City	California	Zip
Country	UNITED STATES	

**10. JURISDICTION OF FORMATION:**

**10.1** Does the jurisdiction of formation require the LLC to maintain a street address in that jurisdiction?

- ☐ Yes - complete number 10.2 and continue.  
☒ No - complete number 10.3 and continue.

**10.2** If you answered "yes" to number 10.1, give the Foreign LLC street address in jurisdiction of formation.

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

- 10.3** If you answered "no" to number 10.1, give the name and address in jurisdiction of formation of Foreign LLC.

Statutory agent name: The Corporation Trust Company

Street address in jurisdiction of formation:

Attention (optional) 1209 Orange Street		
Address 1		
Address 2 (optional) Wilmington	Delaware	19801
City Country	State or Province Zip	Zip
UNITED STATES		

Mailing address in jurisdiction of formation:

Attention (optional) 1209 Orange Street		
Address 1		
Address 2 (optional) Wilmington	Delaware	19801
City Country	State or Province Zip	Zip
UNITED STATES		

**11. INFORMATION REGARDING DESIGNATING FOREIGN COMPANY OF THE FOREIGN SERIES – *see Instructions L025i***

- 11.1 DESIGNATING FOREIGN COMPANY NAME IN JURISDICTION OF FORMATION (FOREIGN NAME)** - enter the exact, true name of the Designating Foreign Company:

\_\_\_\_\_

- 11.2 FOREIGN DOMICILE** - list the jurisdiction in which the Designating Foreign Company was formed:

\_\_\_\_\_

- 11.3 DATE OF FORMATION** - list the date on which the Designating Foreign Company was formed:

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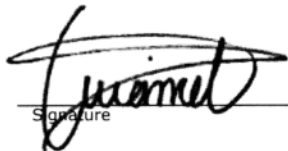
**COMPLETE NUMBER 12 OR NUMBER 13 – NOT BOTH.**

- 12. MANAGER-MANAGED LLC** – *see Instructions L025i* – check this box ☐ if management of the LLC is vested in a manager or managers, and complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- 13. MEMBER-MANAGED LLC** – *see Instructions L025i* – check this box ☒ if management of the LLC is reserved to the members, and complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*

**14. SIGNATURE:**

By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT



Tatiana Guionnet

November 10, 2022

Signature

Printed Name

Date

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am an <b>individual</b> authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document.
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**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: \$150.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



Clear Form

Print Form

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**MEMBER STRUCTURE ATTACHMENT**

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

13930 W Sweetwater Ave LLC

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another **Member Structure Attachment** form.

<b>1.</b>				<b>2.</b>			
SecureSpace Construction Mezzanine Borrower LLC							
Name				Name			
100 Wilshire Boulevard, #1400							
Address 1				Address 1			
Address 2 (optional)		CA	90401	Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country	UNITED STATES			Country			
<b>3.</b>				<b>4.</b>			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
<b>5.</b>				<b>6.</b>			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
<b>7.</b>				<b>8.</b>			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			

Clear Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**STATUTORY AGENT ACCEPTANCE***Please read Instructions M002i*

- 1. ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

13930 W SWEETWATER AVE LLC

- 2. STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

C T Corporation System

**3. STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

*Matt Ruiz*

Matt Ruiz

11/10/2022

Signature

Printed Name

Date

**REQUIRED** – check only one:

<input type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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**Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: none (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "13930 W SWEETWATER AVE 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 TENTH DAY OF NOVEMBER, A.D. 2022.

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



7127396 8300

SR# 20223992252

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204832021

Date: 11-10-22



# Delaware

The First State

Page 1

*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 "13930 W SWEETWATER AVE  
LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF NOVEMBER, A.D.  
2022, AT 11:19 O`CLOCK A.M.*



7127396 8100  
SR# 20223976048

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204823841  
Date: 11-09-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:19 AM 11/09/2022  
FILED 11:19 AM 11/09/2022  
SR 20223976048 - File Number 7127396

## CERTIFICATE OF FORMATION

OF

**13930 W SWEETWATER AVE LLC**

This Certificate of Formation is being executed as of November 8, 2022, for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-201, et seq.

The undersigned, being duly authorized to execute and file this Certificate of Formation, does hereby certify as follows:

1. Name. The name of the limited liability company (the "Company") is 13930 W Sweetwater Ave LLC.

2. Registered Office and Registered Agent. The address of the Company's registered office in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, and State of Delaware 19801. The name of its registered agent for service of process at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the date first above written.

/s/ Tatiana Guionnet  
Tatiana Guionnet  
Authorized Person