

LLC-12

22-B47672

FILED

In the office of the Secretary of State of the State of California

MAR 08, 2022

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IMPORTANT — This form can be filed online at <u>bizfile.sos.ca.gov</u>.

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, <u>see instructions</u>.)

BELKA GAMES, LLC

2. 12-Digit Secretary of State Entity Number

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

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
1100 Page Mill Road	Palo Alto	CA	94304
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
1100 Page Mill Road	Palo Alto	CA	94304
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
1100 Page Mill Road	Palo Alto	CA	94304

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 additional managers/members, enter the names(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5b	Middle Name	L	ast Name	:		Suffix
Victoria		١	Valenzuela			
b. Entity Name - Do not complete Item 5a						
b. Littity Warne - Do not complete item 3a						
c. Address	City (no	abbreviat	ions)	State	Zip Co	de
1100 Page Mill Road	Palo Alt	0		CA	94304	
	[

INDIVIDUA	AL – Complete Items 6a and 6b only. Must incl	ude ag	ent's full name	and Californi	a street a	ddress	
a. California Age	ent's First Name (if agent is not a corporation)	Midd	le Name	Last Name			Suffix
b. Street Addres	ss (if agent is not a corporation) - Do not enter	a	City (no abbre	viations)	State CA	Zip C	ode
CORPORA	ATION – Complete Item 6c only. Only include t	he nam	e of the registe	red agent Co	rporation	l .	
	gistered Corporate Agent's Name (if agent is a of ENT GROUP INC. (C3886943)	corpora	ition) – Do not c	omplete Iten	n 6a or 6l)	
7. Type of Bu	ısiness						
Describe the typ	pe of business or services of the Limited Liability	/ Comp	pany				
8. Chief Exec	cutive Officer, if elected or appointed						
a. First Name		Midd	dle Name Last Name		ne		Suffix
b. Address		I	City (no abbre	viations)	State	Zip C	ode
9. Labor Jud	gment				•		
of Labor Stand	ger or Member have an outstanding final jud dards Enforcement or a court of law, for whi se violation of any wage order or provision o	ch no	appeal therefr		☐ Ye	es [☑ No
	g, I affirm under penalty of perjury that the ind by California law to sign.	nforma	ition herein is	rue and co	rect and	l that I	am
03/08/2022	John Duemig		Special Mana				
Date	Type or Print Name		Title	Si	gnature		

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

LLC-12A Attachment

22-B47672

A. Limited Liability Company Na	me
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В.	12-Digit Secretary of State File Number	C.	State or Place of Organization (only if formed outside of California)
	202007810122		DELAWARE

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

	I				
First Name Herald	Middle Name	Last Name Chen			Suffix
Entity Name					
Address 1100 Page Mill Road	City (no abbreviations) Palo Alto		State CA	Zip (943(Code)4
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)			Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	e Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name Last Name				Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code
First Name	Middle Name	Last Name			Suffix
Entity Name					
Address	City (no abbreviations)		State	Zip (Code