

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.

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Secretary of State State of California

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to https://www.ftb.ca.gov.	iore milom	ICC	This Space For Offi	ce Use (Only	
1a. LLC Name (Enter the exact name of the LLC as listed on y	our attached	Certificate of Good Stand	ing.)			
Spinx Studios LLC						
1b. California Alternate Name, If Required (See Instr	ructions – Or	nly enter an alternate name	if the LLC name in 1a no	t available	e in California.)	
LLC History (See Instructions – Ensure that the formation	n date and jui	risdiction match the attache	ed Certificate of Good Sta	ınding.)		
a. Date LLC was formed in home jurisdiction (MM/DD/YYYY) 08 / 28 / 2019	b. Jurisdic	Jurisdiction (State, foreign country or place where this LLC is formed.) Delaware				
c. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to cond	duct busine	ess in the state, foreig	n country or place e	ntered ii	n Item 2b.	
3. Business Addresses (Enter the complete business ad	idresses, iter	ms 3a and 3b cannot be a	P.O. Box or "in care of" a	n individu:	al or entity.)	
a. Street Address of Principal Executive Office - Do not enter a P.O. Box		City (no abbreviations)	St	ate Zip	Code	
636 Ramona Street		Palo Alto	0	A 94	4301	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box		City (no abbreviations)	Sı	200	Code	
636 Ramona Street		Palo Alto	C	A 94	4301	
c. Mailing Address of Principal Executive Office, if different than item 3a		City (no abbreviations)	St	tate Zip	Code	
Service of Process (Must provide either Individual OR (INDIVIDUAL – Complete Items 4a and 4b only. Must include		50	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 Code

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

Incorporating Services, Ltd.

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

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign.

Elliot Ginsburg Signature

Type or Print Name

LLC-5 (REV 08/2019)



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPINX STUDIOS 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 FIFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPINX STUDIOS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2019.

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

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Authentication: 202527641

Date: 03-05-20

SR# 20201958003

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