

Secretary of State

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.

201919910578

FILED องง Secretary of State State of California

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This Space For Office Use Only

1a. I	LLC	Name	(Enter the e	xact name o	f the LLC as	listed on	your attached	Certificate of	Good S	itanding.)
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Make Community LLC

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

LLC-5

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.)

6 / 7 / 2019

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 8155 Pillow Road	City (no abbreviations) Sebastopol	State CA	Zip Code 95472
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box 8155 Pillow Road	City (no abbreviations) Sebastopol	State CA	Zip Code 95472
c. Mailing Address of Principal Executive Office, if different than item 3a 708 Gravenstein Hwy., N. #239	City (no abbreviations) Sebastopol	State CA	Zip Code 95472

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
Street Address (if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations)		State	Zip Cod	le	
		·	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

COGENCY GLOBAL INC.

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

I am authorized to sign on behalf of the foreign LLC.

Signature

Dale Dougherty

Type or Print Name

LLC-5 (REV 06/2019)

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAKE COMMUNITY 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 FIFTEENTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAKE COMMUNITY LLC" WAS FORMED ON THE SEVENTH DAY OF JUNE, A.D. 2019.

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

7457618 8300 SR# 20195978204

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

Authentication: 203218985

Date: 07-15-19