

## **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.

FILED TO Secretary of State State of California
AUG 2 3 2019

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This Space For Office Use Only

1a. LLC Name (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

HAMCO	EVDE	$\cap$ TTIO	NIC	$\square$
HANCO		טנונט	בעוי	

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.)

4 / 18 / 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	City (no abbreviations)	State	Zip Code
3500 S DUPONT HIGHWAY	DOVER	DE	19901
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	
c. Mailing Address of Principal Executive Office, if different than item 3a	City (no abbreviations)	State	Zip Code
C/O 420 STEVENS AVE. STE 310	SOLANA BEACH	CA	92075

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
GUIDO		MURGUIA			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Coo	le
C/O 420 STEVENS AVE. STE 310	TE 310 SOLANA BEACH CA 9207		5		

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

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

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

Signature

GUIDO MURGUIA

Type or Print Name

2010



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAMCO EXPEDITIONS 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 THIRTEENTH DAY OF AUGUST, A.D. 2019.

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

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SR# 20196407415

Authentication: 203401641

Date: 08-13-19