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COVER LETTER

_	tration Section ion of Corpora				
SUBJECT:	WINTER FILM	M CAPITAL OPPO	DRTUNITY	FUND, INC.	
oobozer.		Name of c	orporation -	must include suffix	
Dear Sir or M	adam:				
"Certificate o	f Existence," o		Good Stand	uthorization to Transacting" and check are submain Florida.	
Please return	all corresponde	ence concerning t	his matter t	o the following:	
		STE	EPHANIE M	. SMITH	
	•		Name of P	erson	
		SMS Glo	bal Advisors	Law Group, LLC	
,, ,			Firm/Comp	any	
		8115 Ma	aple Lawn B	vd., Suite 350	
			Addres	s	
			Fulton, MD	20759	
		С	ity/State and	l Zip code	
				ladvisors.com	
	E	-mail address: (to	be used fo	r future annual report no	tification)
For further in	formation cond	erning this matte	r, please ca	11:	
Stephanie M. S	Smith	at (202	384-2652	
Nam	e of Person		Area Code	Daytime Telepho	one Number
Regis Divis The C 2415	EET/COURIE stration Section ion of Corpora Centre of Tallal N. Monroe Str hassee, FL 32	tions nassee eet, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations
	neck payable to:	following amount FLORIDA DEPA \$78.75 Filing For Certificate of S	RTMENT (ce & \Box	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

·	WINTER FILM CAPITAL OPF			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)	
DELAWARE	3	84-3161813		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
October 8, 2019	•	N/A		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)	
N/A				
		in Florida, if prior to registration)		
	·	502, F.S., to determine penalty liability)		
1726 Lambert Str	ect, Jacksonville, Florida 32206			
	(Principal of	fice street address)		
			<u> </u>	
	(Current mail	ng address, if different)		
			(v)	
Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	Opio Sokoni		در در. باروز	
ffice Address:	12620 Beach Blvd., #114		कार्य स्वीक स्वास	
THEC Address:	Indicancial	22244	>- £7:14	
	Jacksonville	, Florida 32246		
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	:				
□Chairman	Name: Opio Sokoni	Chairman	Name: 2906 Redwood Street Address: Brunswick, GA 31520		
□Vice Chairman	Address: 12620 Beach Blvd.	□Vice Chairman			
Director	Suite 114	Director			
President	Jacksonville, FL 32246	□President			
□Vice President		■ Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	□Other	Other	Other		
☐ Chairman	Adis Retta Name:	□Chairman	Opio Sokon Name:	ıi	
□Vice Chairman	7818 Well Street Address:	□ Vice Chairman	Address: 12620 Bo	each Blvd.	
Director	Manassas, VA 20111	Director	Suite 114		
□President		□President	Jacksonville, FL 3.	2246	
□Vice President	·	□Vice President			
☐ Secretary	■Treasurer	■ Secretary		Treasurer	
Other	Other	. □Other		Other Services	
□Chai⊓nan	Name:	□Chairman	Name:	, J 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u>्र</u> ्व स	
□Director		Director		<u> </u>	
□President		□President			
□Vice President		□Vice President		· ·	
□Secretary	□Treasurer	☐ Secretary		Treasurer	
Other	[]Other	Other	□Other		
	Use an attachment to report more than six (6). It added to the index when filing your Florida De	epartment of State Annual Re	eport form.		
14.	Signature of Di	rector or Officer			
מייו כי יי	and the state of t			1.46.41	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he o she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

, Opio Sokoni, President



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

DELAWARE, DO HEREBY CERTIFY "WINTER FILM CAPITAL OPPORTUNITY FUND,

INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE

AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF

MARCH, A.D. 2020.



Authentication: 202596730

Date: 03-16-20