

L22000481859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

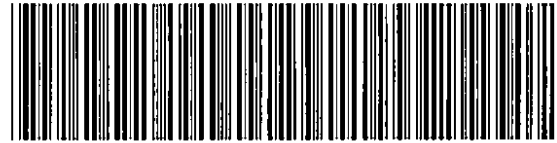
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
NOV 14 2022

11/09/22--01001--004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 10 PM 2:13

RECEIVED
2022 NOV -8 PM 2:36
ALLAHASSEE, FLOR.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

2022 NOV 10 AM 10:20
TALLAHASSEE, FLORIDA

November 8, 2022

CORPORATE ACCESS, INC.

SUBJECT: BANKABLE CAPITAL MANAGEMENT, LLC
Ref. Number: W22000141008

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the original name of your corporation and also the original date of incorporation in your document.

OFFICE OF FINANCIAL INSTITUTIONS AND SECURITIES REGULATION
OFFICE OF FINANCIAL INSTITUTIONS

CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, savings and loan association, savings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for the Office of Financial Institutions to consider your request for approval to use "bank," "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

The corporate name proposed is:

The nature of the business to be transacted:

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Perseverance Capital Management, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron Resnick, Esq.
Name of Person
Law Offices of Aaron Resnick, P.A.
Firm/Company
100 Biscayne Blvd., Suite 1607.
Address
Miami, FL 33132
City/State and Zip Code
robsena43@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nazarena Masis at (305) 672-7495
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Perseverance Capital Management, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

450 Alton Rd #1702 Miami Beach, FL 33139

Mailing Address:

450 Alton Rd #1702 Miami Beach, FL 33139

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Law Offices of Aaron Resnick, P.A.

Name

100 Biscayne Blvd., Suite 1607

Florida street address (P.O. Box **NOT** acceptable)

Miami

Florida

33132

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
DIVISION OF CORPORATIONS
22 NOV 10 PM 2:10

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MOLITERNO CAPITAL MANAGEMENT LLC

450 Alton Rd #1702 Miami Beach, FL 33139

22 NOV 10 PM 2:18

FILED
SECTION OF STATUTES
DIVISION OF CORPORATIONS

(Use attachment if necessary)

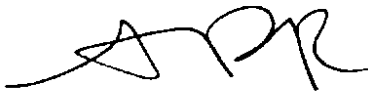
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any 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.



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)