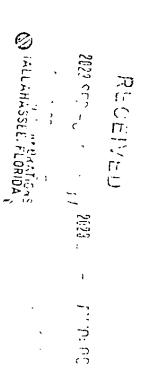
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/06/2023				₩ALK IN
ENTITY NAME Sakal P	rivate Capital Adviso	rs, LLC		
DOCUMENT NUMBER_				
	PLEASE FILE TH	FE ATTACHED ANI	RETURN	
XXXXXXX	Plain Copy			
	Certified Copy			
	Certificate of Status			
**7	PLEASE OBTAIN THE F	DLLOWING FOR TH	'E ABOVE ENTITY'	r#
	Certified Copy of Arts	e & Amendments		
	Certificate of Good Sta	anding		
	APOSTILLE' / I	NOTARIAL CERTI	FICATION	
COUNTRY OF DESTINAT	TION			
NUMBER OF CERTIFICA	TES REQUESTED			
TOTAL OWED \$125		ACC	OUNT #: I201600	00072
			5 8 HM	5
Please call Tina at t	he above number for	any issues or co	ncerns. Thank	yoa so mach!

COVER LETTER

041844000	Sakal Private Capital Advisors,	LLC		
SUBJECT:	Name	of Limited Liab	lity Company	
The enclose	d Articles of Organization and fed	e(s) are submitte	d for filing.	
Please return	n all correspondence concerning t	his matter to the	following:	
	Michael Lapat			
•		Name o	f Person	
	Sakal Private Capital Advisors, L	.LC		
		Firm/C	ompany	
	3323 NE 163rd St. Suite 604			
		Ado	lress	
	North Miami Beach, FL 33160			
	apat@turnkeyhedgefunds.com	City/State a	nd Zip Code	
<u>.</u> .		e used for future	annual report notification)	
For further in	formation concerning this matter.	please call:		
	Kathy Clark	800	567-4397	
-	Name of Person	_at (Area Code) Daytime Telephone Numbe	<u> </u>
Enclosed is	a check for the following amounting Fee \$130.00 Filing Fe Certificate of Sta	e & \$155 tus Certi	fied Copy Certinal copy is enclosed) Certi	.00 Filing Fee. ificate of Status & fied Copy onal copy is enclose
	Mailing Address New Filing Section		Street Address New Filing Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
Sakal Private Capital	Advisors, LLC		
(Must conta	n the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	ffice of the Limite	ed Liability Company is:
Principa	Office Address:		Mailing Address:
3323 NE 163rd St. Su	ite 604	33	23 NE 163rd St. Suite 604
North Miami Beach, F		No	orth Miami Beach, FL 33160
The Limited Liability Company of another business entity with an action. The name and the Florida street a	tive Florida registratio	on.)	t. You must designate an individual or
	URS AGENTS, LLC		_
		Name	
	3458 Lakeshore Dry	e	·
	Florida street addres	is (P.O. Box <u>NO1</u>	acceptable)
	Tallahassee	FL	32312
	City	State	Zip
		•	the above crossed limited lightlity company of

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 l 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)

Wight = Manager MGR = Manager Stris Bonnovsky 3323 NE 163rd St. Suite 604 North Miami Beach, FL 33160	attachment if necessary) Effective date, if other than the date of filing: et at te is listed, the date must be specific and cannot be more than five business days prior to or 90 ng.) late inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records. Other provisions, if any. Company Company	"MGR" = Ma	
Use attachment if necessary) EV: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE Grant State is records. EVI: Other provisions, if any. REQUIRED SIGNATURE Grant State 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. Kris Bottnovsky Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	attachment if necessary) Effective date, if other than the date of filing:	"MGR" = Ma	
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Kris Bortnovsky 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. Kris Bortnovsky Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Kris Bortnovsky 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	EV: Effective date is	listed, the date must be specific and cannot be more than five business days prior to or 90
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Typed or printed name of signæ Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Kris Bortnovsky	EV: Effective date is of filing.) the date insement's effective EVI: Other p	erted in this block does not meet the applicable statutory filing requirements, this date will no live date on the Department of State's records. provisions, if any. 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.
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