

Division of Corporations

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**M14 000002570**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000089808 3)))



H140000898083ABCS

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : RUSSELL S JACOBS, P.A.  
Account Number : I20130000069  
Phone : (305) 405-4444  
Fax Number : (305) 402-0138

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: libessart@me.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
Equus Ventures LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Fax Audit No.: H14 0000 89808 3

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Equus Ventures LLC  
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")  
(Name is Available)  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida.  
The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied For  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5825 Sunset Drive, Suite 202  
South Miami, FL 33143  
(Street Address of Principal Office)
6. 5825 Sunset Drive, Suite 202  
South Miami, FL 33143  
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Didier Libessart (Manager)  
5825 Sunset Drive, Suite 202  
South Miami, FL 33143

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Ana Cosculluela, Esq.  
Authorized Representative

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Fax Audit No.: H14 0000 89808 3

2014 APR 15 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Fax Audit No.: H14 0000 898083**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO  
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Equus Ventures LLC**

If unavailable, the alternate to be used in the state of Florida is:

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

**Didier Libessart**  
(Name)

**5825 Sunset Drive, Suite 202**  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

**South Miami, FL 33143**  
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,  
Florida Statutes.*

  
(Signature)

**\$ 100.00 Filing Fee for Application**  
**\$ 25.00 Designation of Registered Agent**  
**\$ 30.00 Certified Copy (optional)**  
**\$ 5.00 Certificate of Status (optional)**

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# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUUS VENTURES 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 EIGHTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUUS VENTURES LLC" WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5512364 8300

140442940

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1276108

DATE: 04-08-14

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