

m18000007808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

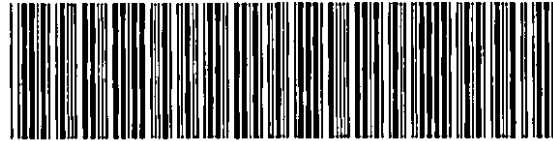
(Business Entity Name)

(Document Number)

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18 AUG 17 PM 3:15

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Libertas Fund, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Matt Rosen

Name of Person

Hyperion Decimus, LLC

Firm/Company

225 S Swoope Ave, STE 104

Address

Maitland, FL 32751

City/State and Zip Code

matt@hyperiondecimus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Rosen

407

801-1408

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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CORPORATIONS
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

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

1. Libertas Fund, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. 82-5196934

(FEI number, if applicable)

4. 8/1/2018

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 225 S SWOOPE AVE, STE 104

(Street Address of Principal Office)

MAITLAND, FL 32751

6. 225 S SWOOPE AVE, STE 104

(Mailing Address)

MAITLAND, FL 32751

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Hyperion Decimus, LLC

Office Address: 225 S SWOOPE AVE, STE 104

MAITLAND,

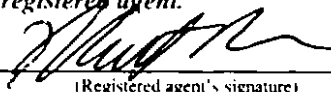
(City)

Florida 32751

(Zip code)

Registered agent's acceptance:

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 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGR

Hyperion Decimus, LLC

MGRM of MGR

Chris Sullivan

225 S Swoope Ave Ste 104
Maitland, FL 32751

225 s swoope ave, ste 104
Maitland, FL 32751

MGRM OF MGR

Haim Bodek

MGRM of MGR

Matthew Rosen

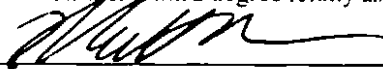
11 Sea Beach Dr
Stamford CT, 06902

225 s swoope ave ste 104
Maitland FL 32751

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Matthew Rosen

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIBERTAS FUND, 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 SECOND DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBERTAS FUND, LLC" WAS FORMED ON THE NINETEENTH DAY OF MARCH, A.D. 2018.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6806232 8300

SR# 20185984095

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

Authentication: 203181184

Date: 08-02-18