## M190003339

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	y/State/Zip/Phone	#)				
PICK-UP	TIAW T	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



200326857012

03/29/19--01014--014 \*\*130.00

33. So pt 3: 09

43-19 BY Re: Cover Letter for registration of a foreign LLC to transact business in Florida.

To Whom It May Concern:

Please see the attached application, Certificate of Good Standing from Delaware, and check for \$130 payable to the Florida Department of State for the Filing Fee & Certificate of Status.

يز.

Thank you.

Sincerely,

Eric J. Kaufman

Manager - Infinitum Partners GP, LLC

## COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Infinitum Partners GP, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate 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:
Eric Kaufman Name of Person
Infinitum Partners Firm/Company
Firm/Company
4141 NE 2nd Ave, Svite 200 A
Address
Miami, FL 33137 City/State and Zip Code
eric. Kaufmane infinitum partners. com  E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Eric Kathan at 305 456-9046  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration Section
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Plesse make check payable to: VLORIDA DEPARTMENT OF STATE
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certified Copy  Certificate of Status  Certified Copy  of Status & Certified Copy

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

	TION 605.0902, FLORIDA STATU JSINESS IN THE STATE OF FLOR		'G IS SUBMITTE.	D TO REGISTER A	FORFIGN LIMIT	TEJ) LIABILITY
I. Infini	tum Partners Limited Liability Company; must in	GP, LL	C			_
(Name of Poteign	Emmed Elabinty Company, must in	riude Emitted Elabinty	Company, L.L.	or the.		
(If name unavailable, enter alternate r	same adopted for the purpose of transacting	business in Florida. The alt	ernate name must inc	hide "Limited Liability Co	ompany," "l_L.C," or	"LLC.")
2 DE (Del	aware)	3.	83-3		4	
(Jurisdiction under the law of w	hich foreign limited liability company is or	ganized)		(FIII number, if ap	plicable)	
4. None yet	(Date first transacted business in Flo (See sections 605.0904 & 605.0905	enda, if prior to registration.	<del></del>		-	
					٨	
5. 4141 NE Zo	d Ave Svite 200	A 6	41411	VE Znd (Mailing Address)	Ave	_
Miami, FL	33137	-	Svite	200A		<del></del>
<del></del> -		-	Mian	, FL 3	3137	
7. Name and street address	ss of Florida registered agent:	(P.O. Box NOT ac	cceptable)			
					) 19 i	- SEC:
Name:	Eric Kautman				77 173 173	
Office Address:	4141 NE 2nd	Ave, Site	<u>200</u> A		29 PX	
	Miami	ity)	. Florida	_33137 (Zip code)	3: 09	• -
Registered agent's accep						
designated in this applica	gistered agent and to accept stion, I hereby accept the appo	ointment as register	ed agent and c	igree to act in thi	s capacity. I fu	rther agree
to compty with the provisi and accept the obligation:	ons of all statutes relative to sof my position as registered	the prope <del>r and</del> con agent.	plete performa \	unce of my duties	, and I am fam	iliar with
	/ ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Kantin	<del>)</del>			
	(Reg	stered agent's signature)	····		•	

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Eric Kautman Manager Manager Name: Address: 4141 NE 2nd Ave Member ☐ Member Address: Suite 200A Authorized Authorized Miami, FL 33137 Person Person Other\_ Other\_ Other\_ Other\_\_\_\_ Name: John Yetimoglu Manager Name: \_\_\_\_\_ Address: 4141 NE 2nd Ave Member Address: Svite 200A Authorized Authorized Person Person Other\_ Other\_\_ Other Other Manager Name: \_\_\_\_\_ Manager Name: ☐ Member ☐ Member Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other \_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 of third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Evped or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INFINITUM PARTNERS GP, 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 TWENTY-SECOND DAY OF MARCH, A.D. 2019.

Authentication: 202498090

Date: 03-22-19

7147351 8300 SR# 20192184068

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