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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407) 425-7010
Fax Number : (407) 425-2747

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

Email Address: corporate@zkslawfirm.com

**Foreign Limited Liability Company
SORA CAPITAL PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,041.25

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Corporate Filing Menu

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OCT 16 2019

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **SORA CAPITAL PARTNERS, 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:

N. DWAYNE GRAY, JR., ESQUIRE

Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

Firm/Company

315 E. ROBINSON STREET, SUITE 600

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

CORPORATE@ZKSLAWFIRM.COM

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

For further information concerning this matter, please call:

Jessica Snyder

407

425-7010

Name of Contact Person

at (_____) _____

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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2019 OCT 15 PM 3:01

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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. SORA CAPITAL PARTNERS, 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.

(FEI number, if applicable)

4. NOVEMBER 18, 2016

(Date first transacted business in Florida, if prior to registration.)
(See sections 601.0904 & 605.0905, F.S. to determine penalty liability)

5. 315 E. ROBINSON STREET

(Street Address of Principal Office)

SUITE 600

ORLANDO, FLORIDA 32801

6. P.O. BOX 1888

(Mailing Address)

WINTER PARK, FLORIDA 32790

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

Name: N. DWAYNE GRAY, JR., ESQUIRE

Office Address: 315 E. ROBINSON STREET, SUITE 600

ORLANDO

(City)

, Florida 32801

(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar 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

KENNETH POLSINELLI

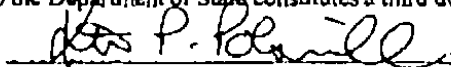
P.O. BOX 1888

WINTER PARK, FL 32790

(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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

KENNETH POLSINELLI

Typed or printed name of signer

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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 "SORA CAPITAL PARTNERS, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SORA CAPITAL PARTNERS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2019 OCT 15 PM 3:07



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

6103165 8300

SR# 20197547770

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

Authentication: 20379374

Date: 10-15-

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