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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

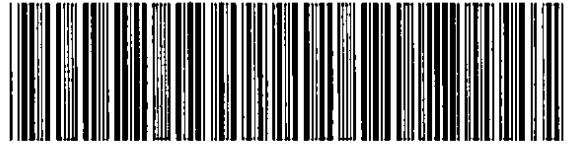
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2020 MAR 23 PM 3:01
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

US ✓

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ardan Equity 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:

Noah Lewis

Name of Person

Ardan Equity Partners

Firm/Company

255 Evernia St. Suite 1316

Address

West Palm Beach 33401

City/State and Zip Code

operations@ardanequity.com

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

For further information concerning this matter, please call:

Noah Lewis

917

304-7294

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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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2020 MAR 28 PM 3:01
TALLAHASSEE, FLORIDA

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. Ardan Equity Partners, L.L.C.
(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. 83-1159074
(FEI number, if applicable)

4. 01/01/20
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 255 Evernia St. Suite 1316
(Street Address of Principal Office)

6. 255 Evernia St. Suite 1316
(Mailing Address)

West Palm Beach, FL 33401
(City) (Zip code)

West Palm Beach, FL 33401
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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

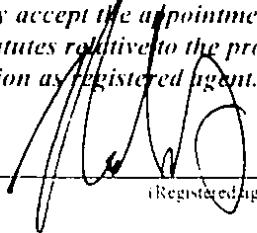
Name: Noah Lewis

Office Address: 255 Evernia St. Suite 1316

West Palm Beach, Florida 33401
(City) (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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Noah Lewis

☒ Member Address: 255 Evernia St.

☐ Authorized Suite 1316

Person West Palm Beach, FL 33401

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Michael Weintraub

☒ Member Address: 14 Old Coach Rd.

☐ Authorized _____

Person Sudbury, MA 01776

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

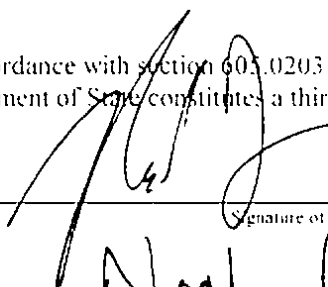
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Noah Lewis

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ARDAN EQUITY PARTNERS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

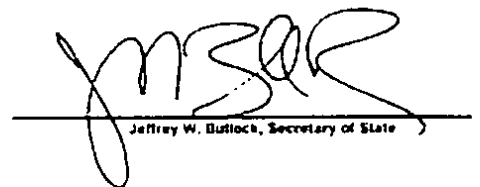
THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRD DAY OF MAY, A.D. 2018, AT 9:45 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "WOLKE CAPITAL, LLC" TO "ARDAN EQUITY PARTNERS, LLC", FILED THE SIXTH DAY OF FEBRUARY, A.D. 2019, AT 1:16 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ARDAN EQUITY PARTNERS, LLC".




Jeffrey W. Bullock, Secretary of State

6870090 8100H
SR# 20201901414

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

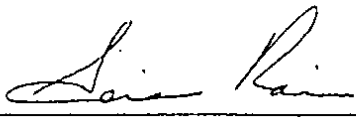
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Date: 03-06-20

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2020 MAR 23 PM 3:02
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF
WOLKE CAPITAL, LLC

1. The name of the limited liability company is **Wolke Capital, LLC**.
2. The registered office of the limited liability company in the State of Delaware is located at Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, New Castle County, Delaware 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of May 3, 2018.



Sonia Ravin, Authorized Person

FILED
2020 MAY 23 PM 3:02
DELAWARE SECRETARY OF STATE
ALLAH SSEE, FLORENCE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
WOLKE CAPITAL, LLC

Pursuant to Section 18-202 of the
Delaware Limited Liability Company Act

FIRST: The name of the limited liability company is:

Wolke Capital, LLC (the "Company").

SECOND: Paragraph 1 of the Certificate of Formation of the Company is hereby amended to read in its entirety as follows:

"1. The name of the limited liability company is **Ardan Equity Partners, LLC.**"

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation of the Company as of February 6, 2019.

WOLKE CAPITAL, LLC

By: Noah Lewis

Name: Noah Lewis

Title: Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 23 PM 3:02

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Delaware

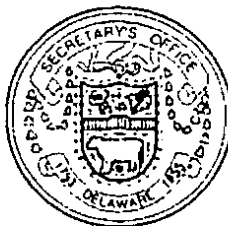
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARDAN EQUITY 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 SIXTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARDAN EQUITY PARTNERS, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2018.

FILED
2020 MAR 23 PM 3:02
CLERK OF STATE
TALLAHASSEE, FLORIDA



6870090 8300

SR# 20201901414

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

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202531370

Date: 03-06-20