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#### Wyoming Secretary of State

Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020 Ph. 307-777-7311

#### For Office Use Only

WY Secretary of State

FILED: Aug 27 2019 12:55PM Original ID: 2019-000872929

# **Limited Liability Company Articles of Organization**

I. The name of the limited liability company is:

Prodigy Capital, LLC

II. The name and physical address of the registered agent of the limited liability company is:

Wyoming Corporate Services, Inc. 1712 Pioneer Ave Ste 101 Cheyenne, WY 82001

III. The mailing address of the limited liability company is:

2565 S. Ocean Blvd. Highland, Florida 33487

IV. The principal office address of the limited liability company is:

2565 S. Ocean Blvd. Highland, Florida 33487

V. The organizer of the limited liability company is:

Dennis Fisher 2565 S. Ocean Bivd., Highland, Florida, 33487

Signature:

Jeffrey Black

Date: 08/27/2019

Print Name:

Jeffrey Black

Title:

Asst. Secretary

Email:

jblack@bonhamandhoward.com

Daytime Phone #: (405) 943-6650

#### Wyoming Secretary of State

Herschler Bidg East, Ste.100 & 101

Cheyenne, WY 82002-0020 Ph. 307-777-7311



			d to file these documents on behalf of the ting is true and correct to the best of my
		of the Wyoming Limited Liabil ents Act (W.S. 17-28-101 thro	ity Company Act, (W.S. 17-29-101 throug ugh 17-28-111).
	at the information submitted on the Wyoming Secretary of S		ed to generate Articles of Organization that
☑ I intend and ag filing.	ree that the electronic submis	ssion of the information set for	th herein constitutes my signature for this
✓ I have conducted	ed the appropriate name sear	rches to ensure compliance wi	ith W.S. 17-16-401.
Notice		iling a false document could ution pursuant to W.S. 6-5-3	result in criminal penalty and 08.
W.S. 6-5-3	308. Penalty for filing fals	e document.	
of not mor			not more than two (2) years, a fine files with the secretary of state
(i) Falsifie	s, conceals or covers up by	any trick, scheme or device	e a material fact;
(ii) Makes	any materially false, fictiti	ous or fraudulent statement	or representation; or
1 ` '	s or uses any false writing of the control of the c		ume to contain any materially
✓ I acknowledge	having read W.S. 6-5-308.		
Filer is: 🗹 An	Individual	anization	
Filer Information By submitting th Organization.		pt this electronic filing as	legal submission of my Articles of
Signature:	Jeffrey Black		Date: 08/27/2019
Print Name:	Jeffrey Black		
Title:	Asst. Secretary		
Email:	jblack@bonhamandhowa	rd.com	
Daytime Phone #:	(405) 943-6650		



#### **Wyoming Secretary of State**

Herschler Bldg East, Ste. 100 & 101

Cheyenne, WY 82002-0020 Ph. 307-777-7311

## **Consent to Appointment by Registered Agent**

Wyoming Corporate Services, Inc., whose registered office is located at 1712 Pioneer Ave Ste 101, Cheyenne, WY 82001, voluntarily consented to serve as the registered agent for Prodigy Capital, LLC and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: Jeffrey Black Date: 08/27/2019

Print Name: Jeffrey Black

Title: Asst. Secretary

Email: jblack@bonhamandhoward.com

Daytime Phone #: (405) 943-6650

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

#### CERTIFICATE OF ORGANIZATION

**Prodigy Capital, LLC** 

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 27th day of August, 2019 at 12:55 PM.

Remainder intentionally left blank.



Filed Date: 08/27/2019

Secretary of State

Filed Online By:

Jeffrey Black

on 08/27/2019

Date of this notice: 04-24-2020

Employer Identification Number:

85-0820920

Form: SS-4

Number of this notice: CP 575 G

PRODIGY CAPITAL
DENNIS FISCHER SOLE MBR
2565 S OCEAN BLVD APT 204N
HIGHLAND BCH, FL 33487

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-0820920. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PROD. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

#### COVER LETTER

то:	Registration Section Division of Corporations	Prodigy Capital LLC		
SUBJ	ECT:	Name of Limited Liability Company	_	
		Liability Company for Authorization to Transact Business in Florida the above referenced foreign limited liability company to transact bus		
Please	return all correspondence concerning th	is matter to the following:		
	DENNIS FISCHER			
	<del></del>	Name of Person	_	
	PRODIGY CAPITAL			•
		Firm/Company	_	
	2565 S OCEAN BLVD 204	N		
		Address	-	
	HIGHLAND BEACH FL 3.	3487		
		City/State and Zip Code	_	
	DENNIS@SMALLBUSINES	SSBIGLOANS.COM		
	E-mail add	ress: (to be used for future annual report notification)	- 2(	
For fu	rther information concerning this matter	, please call:	<u> </u>	
	DENNIS FISCHER	561 955-0606	À	71
	Name of Contact Pe			<u>[Ll]</u>
	Mailing Address:	Street Address:	†; ⊒e:	O
	Registration Section	Registration Section	 C)	
	Division of Corporations	Division of Corporations	3)	
,	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	•	٠,

#### 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: PRODIGY CAPITAL LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Prodicy Cap 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 "L.L.C," (Junisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2565 S OCEAN BLVD 204 N (Street Address of Principal Office) HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DENNIS FISCHER Name: 2565 S OCEAN BLVD 204N Office Address:

#### 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.

, Florida

(City)

HIGHLAND BEACH

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:	Title or Capacity:		Name and Address:
■Manager	Name: DENNIS FISCHER	□Manager	Name:	· • · · · · · · · · · · · · · · · · · ·
□Member	Address: 2565 S OCEAN BLVD 204 N	□Member	Address:	
□Authorized	HIGHLAND BEACH FL 33487	□Authorized		
Person		Person		
Other	□Other	Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<del> </del>
□Authorized		□Authorized		
Person		Person		
Other	□Other	Other	<del></del>	Other
□Manager	Name:	□Manager	Name:	20 KAY T
□Member	Address:	□Member	Address:	——————————————————————————————————————
□Authorized		□Authorized		
Person		Person		<u> </u>
Other	□Other	□ 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.

DENNIS FISCHER

Typed or printed name of signee

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **Prodigy Capital, LLC**

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 27, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000872929**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of April, 2020 at 8:21 AM. This certificate is assigned ID Number 036344535.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.