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COVER LETTER

TO:

SAKAL VENTURES SERIE	S FUND, LLC, SERIES III
UBJECT:	Name of Limited Liability Company
	sited Liability Company for Authorization to Transact Business in Florida," ster the above referenced foreign limited liability company to transact busin
ease return all correspondence concerning	g this matter to the following:
Michael Lapat	
	Name of Person
Turnkey Hudge Funds, In	ne.
	Firm/Company 28
2855 N. University Drive	Firm/Company 28 e, Suite 230
 	Address
Coral Springs, FL 33065	City/State and Zip Code
Lapat@turnkeyhedgefund	
	address: (to be used for future annual report notification)
or further information concerning this mat	tter, please call:
Kris T. Bortnovksy	786 828-5988 at ()
Name of Contact	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
ranalassee, 1 5 525 14	Tallahassee, FL 32303
Enclosed is a check for the following	
	ORIDA DEPARTMENT OF STATE 0.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee. Certificate of Status Certified Copy of Status & Certificate Copy

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

IN COMPLIANCE WITH SECTION 6/5/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware		at the anchine haire that metade thin	ted Liability Company," "L.L.C," or "LI
		3 85-2778187	
(Jurisdiction under the law of whi	ich foreign limited liability company is organized)		number, if applicable)
			<u> </u>
			Ğ
	(Date first transacted business in Florida, if prior to reg (See sections 603,0904 & 603,0905, F.S. to determine	stration.)	
2222 217 172 170	(the section observed a bosto rost, 1.3. to determine		P
3323 NE 163rd Street		Same 6.	دکن م دی و
eet Address of Principal Office)		(Mailing Address)	×≥ 01
Suite 604			.,17
North Miami Beach, FL			
Name and street address	of Florida registered agent: (P.O. Box N	OT_acceptable)	
Name:	Kris T. bortnovsky		
	3323 NE 163rd Street, Suite 604		
Office Address:		<u> </u>	
Office Address: _	North Miami Beach	33160 , Florida	

(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:	Title or Capacity:	Name and Address:
■Manager	Name: Kris T. Bortnovsky	□Manager	Name:
□Member	Address: 3323 NE 163rd Street, Ste 604	□Member	Address:
□Authorized	North Miami Beach, FL 33160	□Authorized	
Person		Person	
□Other	Other	Other	Other
■Manager	Name: Taylor Barling	□Manager	Name:
□Member	Address: 3323 NE 163rd Street, Ste 604	□Member	Address: 2021
□Authorized	North Miami Beach, FL 33160	□Authorized	: Ü6
Person		Person	21,
Other	Other	□Other	Other
			5 1
■Manager	Name: Arora Ajay	□Manager	Name:
□Member	Address: 3323 NE 163rd Street, Ste 604	□Member	Address:
□Authorized	North Miami Beach, Ft. 33160	□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice:</u> 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

Kris T. Bortnovsky

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SAKAL VENTURES SERIES 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 THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "SAKAL DE VENTURES SERIES FUND, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAKAL VENTURES SERIES FUND, LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, AD.

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

Authentication: 203464928

Date: 08-13-20

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