

MA0000007993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

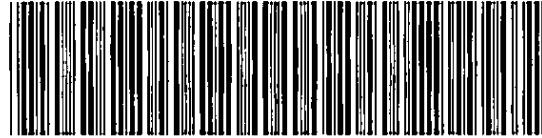
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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US  
9/15/20

**TURN KEY HEDGE FUNDS, INC.**

2855 North University Drive  
Suite 230

Coral Springs, Florida 33065

(954) 345-6442

[www.turnkeyhedgefunds.com](http://www.turnkeyhedgefunds.com)

September 9, 2020

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

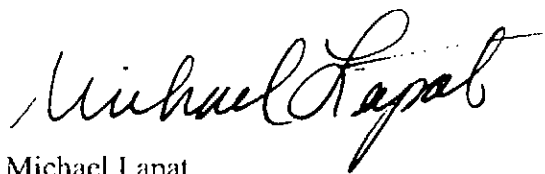
RE: APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA  
SAKAL VENTURES SERIES FUND, LLC;  
SAKAL VENTURES SERIES FUND, LLC, SERIES I;  
SAKAL VENTURES SERIES FUND, LLC, SERIES II; and  
SAKAL VENTURES SERIES FUND, LLC, SERIES III

To Whom It May Concern:

On or about August 17, 2020 my office sent by regular U.S. Mail 4 Applications for the above referenced entities. Please destroy that mailing and replace with the attached 4 entities. We also mailed with that mailing check numbers 6160 through 6163 which checks were made payable to the Florida Department of State in the amount of \$130.00 for each entity. Please use these checks to file the 4 entities.

Thank you for your assistance in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Lapat". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Michael Lapat  
ML:mar

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SAKAL VENTURES SERIES FUND, LLC, SERIES II  
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:

Michael Lapat

Name of Person

Turnkey Hudge Funds, Inc.

Firm/Company

2855 N. University Drive, Suite 230

Address

Coral Springs, FL 33065

City/State and Zip Code

Lapat@turnkeyhedgefunds.com

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

For further information concerning this matter, please call:

Kris T. Bortnovksy

786

828-5988

Name of Contact Person

at ( )

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

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. SAKAL VENTURES SERIES FUND, LLC, SERIES II

(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. 85-2778005

(FEI number, if applicable)

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

5. 3323 NE 163rd Street

(Street Address of Principal Office)

6. Same

(Mailing Address)

Suite 604

North Miami Beach, FL 33160

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

Name: Kris T. bortnovsky

Office Address: 3323 NE 163rd Street, Suite 604

North Miami Beach

(City)

Florida

33160

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kris T. Bortnovsky</u>
<input type="checkbox"/> Member	Address: <u>3323 NE 163rd Street, Ste 604</u>
<input type="checkbox"/> Authorized	<u>North Miami Beach, FL 33160</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

<input checked="" type="checkbox"/> Manager	Name: <u>Taylor Barling</u>
<input type="checkbox"/> Member	Address: <u>3323 NE 163rd Street, Ste 604</u>
<input type="checkbox"/> Authorized	<u>North Miami Beach, FL 33160</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

<input checked="" type="checkbox"/> Manager	Name: <u>Arora Ajay</u>
<input type="checkbox"/> Member	Address: <u>3323 NE 163rd Street, Ste 604</u>
<input type="checkbox"/> Authorized	<u>North Miami Beach, FL 33160</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

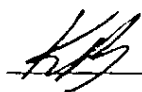
<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

**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

Kris T. Bortnovsky

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 "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 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, A.D. 2020.

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



3429264 8300E

SR# 20206737196

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203464928

Date: 08-13-20