## M20000008017

(Requestor	's Name)		
(Address)			
(Address)			
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PICK-UP	WAIT MAIL		
(Business I	Entity Name)		
(Document Number)			
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

09/15/2020

NAME: FINBACK INVESTMENT PARTNERS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

**SEE REJECTION COVERSHEET \$125.00** 

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO:

Registration Section

IECT:	Finback Investment Partners, LLC			
Name of Limited Liability Company				
nclosed ence, an	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact business.	," Certific iness in F	
	all correspondence concerning this matter			
	VERONICA ORME			
	Name of Person			
	C/O EQUITY INVESTMENT GROU	JP		
	Firm/Company			
	127 W. BERRY STREET, SUITE 30			
		Address		
	FORT WAYNE, IN 46802			
	C	ity/State and Zip Code		
	VORME@EIGFW.COM			
	E-mail address: (to be	used for future annual report notification)		
ther inf	ormation concerning this matter, please ca	H:	2670	
VER	ONICA ORME	260 426-4704	•	
	Name of Contact Person	at ()	: 20	
Maili	ng Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations	. 0	
P.O. Box 6327		The Centre of Tallahassee	5	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	sed is a check for the following amount:			

## 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:

Finback Investment Par	rtners, LLC Limited Liability Company; must include "Limite			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L	IC.," or "LLC.")	<del></del>
(If name unavailable, enter atternate r	same adopted for the purpose of transacting business in Fl	lorida. The alternate name mu	st include "Limited Liability Comp	any," "L.L.C." or "L.L.C.")
Delaware		_		
2. (Jurisdiction under the law of w	bich foreign limited liability company is organized)	3	(FEI number, if application	ble
Upon filing				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)		
1200 Anastasia Avc., S	Suite 500	6.	ddress)	
(Street Address of Principal Office)		(Mailing A	address)	· · · · · · · · · · · · · · · · · · ·
Coral Gables, FL 3313	4			
	<del></del>			
<b>-</b>		NOT apparents		
/. Name and street addres	ss of Florida registered agent: (P.O. Box	( NOT acceptable)		2957
	John E. Bush			Ţ.
Name:				20
Office Address:	1200 Anastasia Ave., Suite 500			0
Office Address.				:
	Coral Gables	, Flor	33134 rida	= = =
	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip code)	5

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.

By: (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: John E. Bush	□Manager	Name:	
□Member	Address: 1200 Anastasia Ave., Suite 500	□Member		
□Authorized	Coral Gables, FL 33134	□Authorized		
Person		Person		
OtherChairman/N	Managi □Other	Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	2.5
□Authorized		□ Authorized		:
Person		Person		0
□Other	Other	Other		Other
				 5

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.

Anthony Zirille, General Counsel

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "FINBACK INVESTMENT 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 NINETEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINBACK INVESTMENT PARTNERS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2019.

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

5059 L 30 F 21. La



Authentication: 203499327

Date: 08-19-20

7649086 8300 SR# 20206830125



FLORIDA DEPARTMENTIOF: STATE HER Division of Corporations CORPORATIONS TALLAHASSEE, FLORIDA

August 21, 2020

F . 6 30

FLORIDA FILING & SEARCH SERVICE INC

SUBJECT: FINBACK INVESTMENT PARTNERS, LLC Ref. Number: W20000092924

We have received your document for FINBACK INVESTMENT PARTNERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 820A00015988

www.sunbiz.org

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