

Note: Please print this page and use it as a cover sheet. Type the fax audit

number (shown below) on the top and bottom of all pages of the document.

(((H200003355353)))



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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

CO**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Li Email	Address:	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Foreign Limited Liab BENTKEY VENTU	-
	Certificate of Status	0
THE ORIGINAL SUBMISSION DATE OF 9/25/2020.	Certified Copy	1
	Page Count	04
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September 28, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

CAPITOL SRVICES, INC.

SUBJECT: BENTKEY SERVICES, LLC REF: W20000111085

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: E20000335535 Letter Number: 720A00018624

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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Bentkey Ventures, 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:

N	lame of Person
Capitol Services - Corporate Filir	ngs Team
F	'irm/Company
515 East Park Avenue 2nd Fl	
	Address
Tallahassee, FL 32301	
City/S	State and Zip Code
crobinson@bentkey.com	
E-mail address: (to be use	ed for future annual report notification)
information concerning this matter, please call:	
	at (855) 498 - 5500
Name of Contact Person	Area Code Daytime Telephone Number
AILING ADDRESS:	STREET ADDRESS:
vision of Corporations	Division of Corporations Registration Section
gistration Section). Box 6327	Clifton Building
illahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
nclosed is a check for the following amount:	
ease make check payable to: FLORIDA DEPAR	TMENT OF STATE
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of St	

H20000335535 3

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.	Bentkey Venture	s, LLC					
	(Name of Foreign	Limited Liability Company; must include "L	imited Liability C	ompany," "LL.C.," or "LL.	i.")		
(1f a	name unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The altern	ate name must include "Limited	Lizbility Compa	ny," "Li.C	.;" or "LL C.")
2	Texas	hich fareign limited liability company is organized)	3	()าน ค	umber, if applica	ble)	
	9/26/2020						
4.	_5/20/2020	(Date first transacted business in Florida, if pa (See sections 605,0904 & 605 0905, F.S. to d	rior to registration.) determine penalty liab	ulity)			
5.	7251 W. Paimetto (Street Address of 1	o Park Road	6. <u>P</u>	.O. Box 1644	Nddress)	etga	
	Boca Raton, FL	33433	F	risco, Texas 7643	87		· · · ·
			_		• 	<u>G</u>	
7,	Name and street addres	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acc	eptable)		• • •	
	Name:	Capitol Corporate Service	s, Inc		۲		
	Office Address:	515 East Park Avenue 2n	d Fl				
		Tallahassee		, Florida <u>32301</u> (Zip	code)		
R	egistered agent's accep						

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.

him Tadlock

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

(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: Caleb Robinson	🕅 Manager	Name: Jeremy Boreing
Member	Address: 17108 Interstate 20	Member	Address: 17108 Interstate 20
Authorized	Frisco, Texas 76437	Authorized	Frisco, Texas 76437
Person		Person	
Other	Other	Other	Other
Manager	Name:Ben Shapiro	🗌 Manager	Name:
Member	Address: <u>17108 Interstate 20</u>	Member	Address:
Authorized	Frisco, Texas 76437	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Mcmber	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.

/s/ Caleb Robinson	
 Signature of an authorized person	
Caleb Robinson	
 Typed or printed name of signee	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Ruth R. Hughs Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Bentkey Ventures, LLC (file number 802206600), a Domestic Limited Liability Company (LLC), was filed in this office on May 01, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 28, 2020.



Ruth R. Hughs Secretary of State