

A210000002249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

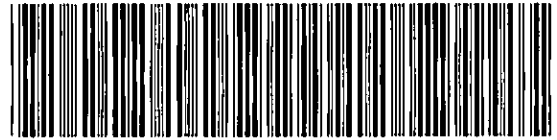
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021

2021 FEB 24 PM 1:24
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

FILED

FEB 25 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Park Capital 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:

Candace Sonne

Name of Person

Sonne Castle & Company LLC

Firm/Company

2745 1st Street #1702

Address

Fort Myers Florida 33916

City/State and Zip Code

candace@parkcapital.io

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

For further information concerning this matter, please call:

Candace Sonne

239

691-1885

at ()

Name of Contact Person

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

2021 FEB 24 PM 1:24

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**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. Park Capital Ventures LLC
(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. State of Delaware 3. 85-2205125
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

4000 Ponce de Leon Blvd Suite 470

Coral Gables Florida 33141

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

Name: Candace Sonne

Office Address: 3745 1st Street #1702

Fort Myers 33916
(City) , Florida (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.

Candace Sonne

(Registered agent's signature)

FILED
2021 FEB 24 PM 1:24
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA

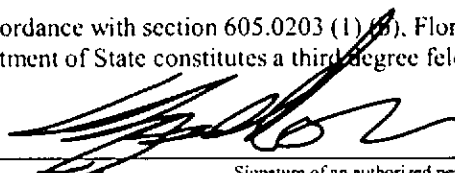
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Alexander Lopatine	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4131 Laguna Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Apt 818	<input type="checkbox"/> Authorized	_____
Person	Coral Gables Florida 33146	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



Signature of an authorized person

Alexander Lopatine

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PARK CAPITAL VENTURES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SEVENTEENTH DAY OF OCTOBER, A.D. 2016, AT 12:07 O`CLOCK P.M.

CERTIFICATE OF RESIGNATION OF APPOINTMENT, FILED THE ELEVENTH DAY OF APRIL, A.D. 2019, AT 10:07 O`CLOCK A.M.

CERTIFICATE OF REVIVAL, FILED THE THIRTEENTH DAY OF MAY, A.D. 2020, AT 6:47 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "PARK CAPITAL VENTURES, LLC".



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

6185836 8310

SR# 20210156057

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202336529

Date: 01-21-21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2021

CANDACE SONNE
SONNE CASTLE & COMPANY LLC
2745 1ST STREET #1702
FORT MYERS, FL 33916

SUBJECT: PARK CAPITAL VENTURES LLC
Ref. Number: W21000011025

We have received your document for PARK CAPITAL VENTURES LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a balance due of \$130.00.

We have received your document for PARK CAPITAL VENTURES LLC.
However, upon receipt of your document no check was enclosed. Please send a
check or money order payable to the Department of State for \$130.00. Your
document will be retained in our pending file. Please return a copy of this letter to
ensure that your check is properly credited.

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

Mel Solomon
Senior Section Administrator

Letter Number: 921A00003187

RECEIVED
FEB 24 2021