

M21000005570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

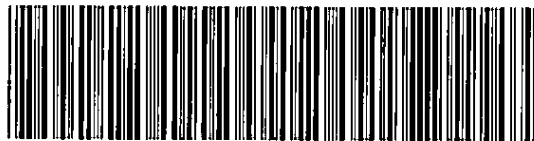
(Document Number)

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

Special Instructions to Filing Officer:

W21-60271

Office Use Only



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05/03/21--01014--026 \*\*180.00

2021 MAY 10 PM 12:31

2021 MAY 10 PM 12:31

APPROVED  
AND  
FILED

MAY 10 2021

Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

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(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. WS CAPITAL SERIES FUND, LLC Series I  
Name Document Number (if known)

☒ Walk in ☐ Will wait

☒ Certified Copy Articles of Organization

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ INC

☐ OTHER - Corp

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Conversion

☐ Merger

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ Statement of Authority  
☐ APOSTIL ()

COUNTRY

**REGISTRATION/QUALIFICATIONS**

☒ Foreign Filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ CORRECTION for a Foreign LLC

☐ Trademark

☐ Other

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WS CAPITAL SERIES FUND, LLC SERIES I

\_\_\_\_\_  
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

Turn Key Hedge 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:

Michael Lapat

954

345-6442

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

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. WS CAPITAL SERIES FUND, LLC SERIES I

(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

86-3530239

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 700 S ROSEMARY AVE, SUITE 204

6. 700 S ROSEMARY AVE, SUITE 204

(Street Address of Principal Office)

(Mailing Address)

WEST PALM BEACH, FL 333401

WEST PALM BEACH, FL 33401

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

Name: Kevin E. Westberg

Office Address: 700 S ROSEMARY AVE, SUITE 204

WEST PALM BEACH

33401

(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.

(Registered agent's signature)

APPROVED  
AND  
FILED  
2021 MAY 10 PM 12:31

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:**

☒ Manager Name: Kevin E. Westberg

☐ Member Address: 700 S ROSEMARY AVE

☐ Authorized SUITE 204

Person WEST PALM BEACH, FL 33401

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☒ Manager Name: Thomas A. Signorelli

☐ Member Address: 700 S ROSEMARY AVE

☐ Authorized SUITE 204

Person WEST PALM BEACH, FL 33401

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

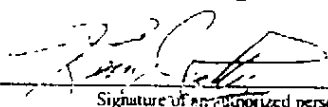
Person \_\_\_\_\_

☐ 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.



Signature of authorized person

KEVIN E. WESTBERG

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 "WS CAPITAL SERIES FUND, LLC SERIES I" 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 TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "WS CAPITAL SERIES FUND, LLC SERIES I" IS A SERIES LLC REGISTERED SERIES.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WS CAPITAL SERIES FUND, LLC SERIES I" WAS FORMED ON THE SEVENTH DAY OF MAY, A.D. 2021.



5900382 8300E

SR# 20211671114

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 "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203160903

Date: 05-10-21