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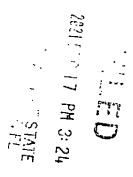
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CAPITAL ADVANTAGE FUND, LLC	C, SERIES C		
		ame of Limited Liability Company		
The en Exister	nclosed "Application by Foreign Limited Liabili nce, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this matter	er to the following:		
	Michael Lapat			
		Name of Person		
	Turnkey Hedge Funds, Inc.			
	Firm/Company			
	2855 N. University Drive, Suite 230			
Address				
	Coral Springs, FL 33065			
		City/State and Zip Code		
	Lapat@tumkeyhedgefunds.com			
	E-mail address: (to	be used for future annual report notification)		
For fu	rther 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		Street Address: Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certifica	DEPARTMENT OF STATE		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

ELAWARE Turnsdiction under the law of whice	h foreign limited liability company is organized)		7-3795842	
furisdiction under the law of whic	th foreign limited liability company is organized)	.,		
_			(FEI number, il	applicable)
	(Date first transacted business in Florida, if prior to a	egistration)		_
	(Date first transacted business in Florida, if prior to n (See sections 605.0904 & 605.0905, F.S. to determine	ne penalty hal	olity)	
479 NE 57th Place			79 NE 57th Place	
Address of Principal Office)		6	(Mailing Address)	
ort Lauderdale, FL 3333	34	Fo	ort Lauderdale, FL 33334	
ame and <u>street address</u> (of Florida registered agent: (P.O. Box	NOT acc	eptable)	
	of Florida registered agent: (P.O. Box Norman John Brodeur	NOT_acc	eptable)	
Name: _		NOT acc	eptable)	
Name: 1 Office Address: _	Norman John Brodeur	NOT acc	eptable) 33334	21 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1

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: Norman John Brodeur Name: ____ □ Manager □ Manager Address: _____ 1479 NE 57th Place **■**Member □Member Address: _____ Fort Lauderdale, FL 33334 □ Authorized **Authorized** Person Person □Other_____ □Other □Other_____ □Other____ **□**Manageт □Manager Name: ____ Name: _____ ☐Member Address: □Member Address: _____ □ Authorized ☐ Authorized Person Person □Other____ □Other □Other_____ Other____ □Manager Name: _____ □Manager Name: ☐Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other □Other ☐ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Norman John Brodeur

Typed or printed name of signee

STATE OF DELAWARE CERTIFICATE OF REGISTERED SERIES OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a registered series of a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1.	The name of the limited liability company is CAPITAL ADVANTAGE FUND, LLC		
2.	The name of the registered series is CAPITAL ADVANTAGE FUND, LLC, SERIES C		
	By: Verman John Broten		
	11/22Authorized Person		
	Name: Norman John Brodeur, Manager Print or Type		
	i into i type		

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:58 AM 11/23/2021
FILED 11:59 AM 11/23/2021
SR 20213879072 - File Number 6418161



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

DELAWARE, DO HEREBY CERTIFY "CAPITAL ADVANTAGE FUND, LLC, SERIES C"

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 THIRD DAY OF DECEMBER, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITAL ADVANTAGE FUND, LLC, SERIES C" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

Authentication: 204862998

Date: 12-03-21