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

(850) 524-6243

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Elbert Capital LCP LLC Business	Doc. #
Walk in	Will wait
Certified Copy of the Articles	
_X Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication INC	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalConversion
OTHER - Corp	Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign Filing Partnership
Fictitious Name	Reinstatement
Statement of Authority	CORRECTION for a Foreign LLCDomestication of a Foreign Corp.
APOSTIL () COUNTRY	Other
	EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	Elbert Capital LCP LLC	
	Na	une of Limited Liability Company
The encl Existence	losed "Application by Foreign Limited Liabilitie, and check are submitted to register the above	Name of Limited Liability Company oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of eeck are submitted to register the above referenced foreign limited liability company to transact business in Florida. correspondence concerning this matter to the following: Christina Schaefer Name of Person LCP Management Inc Firm/Company 1798 Platte Street Address Denver, CO 80202 City State and Zip Code attites/u legacycapitalpartners.com F-mail address: (to be used for future annual report notification) action concerning this matter, please call: 1 Schaefer Name of Contact Person Area Code Daytime Telephone Number Address: Street Address: tion Section n of Corporations Negistration Section Division of Corporations Accentracy of Tallahassee
Please re	turn all correspondence concerning this matte	r to the following:
	Christma Schaefer	
		Name of Person
	LCP Management Inc	
		Firm/Company
	1798 Platte Street	
		Address
	Denver, CO 80202	
		City State and Zip Code
	entities/q-legacycapitalpartners.com	
	F-mail address: (to	be used for future annual report notification)
For furth	er information concerning this matter, please c	all:
	Christina Schaefer	* = * * * * * * * * * * * * * * * * * * *
	Name of Contact Person	
i !	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Registration Section Division of Corporations
1	Inclosed is a check for the following amount Please make check payable to: FLORIDA DE □ \$125 00 Filing Fee ■ \$130 00 Filing F Certificate	ee & 🔲 \$155,00 Filing Fee & 🖂 \$160,00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION (050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

olorado	ne adopted for the purpose of transacting business in Ho	rida. The alternate name must include "Limited Liabil	its Company ""I I C or "I I C
логацо		32-0499526	
Jurisdiction under the law of which	ch foreign lumited liability company is organized;	(FEI number)	If apply able i
fay 19, 2022			
	(Date first transacted business in Florida at prior to re (See sections 60) 10004 & 605 0005 ES to determine	gistiation) e penulty liability)	_
798 Platte Street		2022-LOG-0006905	
Address of Principal Office)		(Mailing Address)	
enver CO 80202		Denver (*() 80202	
I Name:	Thomas Santilli		- NOT 2202
4 Office Address:	1614-19th Street Court East		- I AH
F	Bradenton	34203 Florida	1: 2
	(URV)	FROMOTE	- &

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: Christina Schaefer □ Manager Name □ Manager Name _____ 1798 Platte Street □Member □Member Address: Denver CO 80202 ■Authorized □Authorized. Person Person .Other_______ ______.Other ______ lOther____lOther___ □ Manager Name _____ □Manager Name: □ Member Address, _____ ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other___ _Other_ ⊒Other____ _1Other___ Manager Name __ □Manager Name: ___ ____ ∴Member. Address: \square Member Address. □Authorized [] Authorized Person Person [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 aim 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 Christina Schaefer

Esped or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Elbert Capital LCP LLC

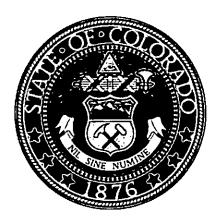
is a

Limited Liability Company

formed or registered on 06/23/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161426807.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/26/2022 that have been posted, and by documents delivered to this office electronically through 05/31/2022 @ 07:47:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/31/2022 @ 07:47:12 in accordance with applicable law. This certificate is assigned Confirmation Number 14057120 .



Secretary of State of the State of Colorado

********End of Certificate*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."