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S. ROBERTS
MAY 2 5 2022

### **COVER LETTER**

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TO:

TO;	Registration Section Division of Corporations						
SUBJ	Capybara Capital LLC						
00110	Name of Limited Liability Company						
The cr Existe	nclosed "Application by Foreign Limited Liabi ence, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.					
Please	e return all correspondence concerning this mat	ter to the following:					
	Shawn Alcoba						
		Name of Person					
	Capybara Capital LLC						
		Firm/Company					
	6501 Congress Avenue, Suite 140						
		Address					
	Boca Raton, FL 33487						
		City/State and Zip Code					
	salcoba@victorysquarefunding.com						
	E-mail address: (t	o be used for future annual report notification)					
For fu	rther information concerning this matter, please	e call:					
Shawn Alcoba		516- \$06-5402 at ()					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations					
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
Tantanassee, FL 32314		Tallahassee, FL 32303					
	Enclosed is a check for the following amour Please make check payable to: FLORIDA I  \$125.00 Filing Fee \$\square\$ \$130.00 Filing Certified	DEPARTMENT OF STATE					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

<sub>l.</sub> Capybara Capital, LLC						
(Name of Foreign	Limited Liability Company; must include "Limited	Hiability Co	ompany," "L.L.C.," or "Ll,C.")			-
Il name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alte	mate name must include "Limited Liabil	ity Company," "L	.tC." or "	LLC:")
Deleware !.		3.	7-1019597 (FEI number, )			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_	(FEI number, i	f applicable)	_	_
11/17/2021						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration ) ne penalty liab	ility)	_		
Capybara Capital, LLC			pybara Capital, LLC			
street Address of Principal Office)		6. (Stailing Address)				-
6501 Congress Avenue		6501 Congress Avenue, Suite 140				
Boca Raton, FL 33487		В	oca Raton, FL 33487	= (	2022	-
. Name and street addres	ss of Florida registered agent: (P.O. Box	D. Box <u>NOT</u> acceptable)		10 10 10 10 10	2022 MAY 25	• 1
Name:	Shawn Alcoba		_	;; ;;	PH 2:	· ·
Office Address:	6501 Congress Avenue, Suite 140			r ·	0.5	
	Boca Raton		33487 , Florida	_		

#### Registered agent's acceptance:

Having been named as registered agent and to accept sorvice 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.

(Regust fed 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: Kevin Brennan	□Manager	Name: John Conroy
□Member	Address: Capybara Capital, LLC	□Member	Address: Capybara Capital, LLC
Authorized	6501 Congress Avenue, Suite 140	Authorized	6501 Congress Avenue, Suite 140
Person	Boca Raton, NY 33487	Person	Boca Raton, FL 33487
□Other	□ Other	□Other	Other
□Manager	Name: Shawn Alcoba	□Manager	Name:
□Member	Address: Capybara Capital, LLC	□Member	Address:
☑Authorized	6501 Congresss Avenue, Suite 140	□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
<ol> <li>indexed individuals</li> <li>Attached is a certifurisdiction under the of the translator mus</li> <li>This document in the individuals</li> </ol>	s executed in accordance with section 605,0203(1) nent to the Department of State constitutes a third	da Department of State  y authenticated by the in a foreign language.  ) (b), Florida Statutes.	Annual Report form.  official having custody of records in the a translation of the certificate under oath.  I am aware that any false information.
	)119WN /1	CLAST ed name of signee	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAPYBARA CAPITAL LLC" 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 NINETEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPYBARA CAPITAL LLC" WAS FORMED ON THE FIFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203472119

Date: 05-19-22

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