

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gladiatori Capital 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:

John Silvetz
Name of Person
Gladiatori Capital LLC
Firm/Company
7700 Los Pinos BLVD
Address
Coral Gables, Florida 33143
City/State and Zip Code
john_silvetz@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chase Borowitz at (212) 257-5784
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. Gladiatori Capital 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. Delaware (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. 7700 Los Pinos BLVD (Street Address of Principal Office)
Coral Gables, Florida 33143

6. 7700 Los Pinos BLVD (Mailing Address)
Coral Gables, Florida 33143

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

Name: John Silvetz

Office Address: 7700 Los Pinos BLVD

Coral Gables, Florida 33143 (City) (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.

(Handwritten signature)
Registered agent (signature)

Vertical handwritten text on the right margin.

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]:

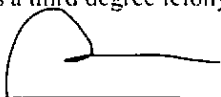
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	John Silvetz	_____	<input type="checkbox"/> Manager	Name:	_____	_____
<input type="checkbox"/> Member	Address:	7700 Los Pinos BLVD	_____	<input type="checkbox"/> Member	Address:	_____	_____
<input type="checkbox"/> Authorized Person		Coral Gables, Florida 33143	_____	<input type="checkbox"/> Authorized 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 Person		_____	_____	<input type="checkbox"/> Authorized 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 Person		_____	_____	<input type="checkbox"/> Authorized Person		_____	_____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	_____

2007
10/11/07

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

John Silvetz

 Typed or printed name of signee

Delaware

Page 1

The First State

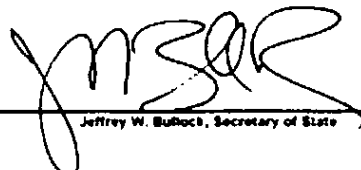
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLADIATORI CAPITAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLADIATORI CAPITAL LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2022.

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

2023-01-03 10:11:01




Jeffrey W. Bullock, Secretary of State

7111315 8300

SR# 20230009252

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

Authentication: 202412457

Date: 01-03-23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2022

JOHN SILVETZ
7700 LOS PINOS BLVD
CORAL GABLES, FL 33143 US

SUBJECT: GLADIATORI CAPITAL LLC
Ref. Number: W22000155380

We have received your document for GLADIATORI CAPITAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sharon D Franklin
Regulatory Specialist II

Letter Number: 822A00028141

RECEIVED
JAN 01 2023

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314