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COVER LETTER

TO:	Registration Section Division of Corporations				
SURJE	Fractal Dimension Capital LLC				
	Nam	ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.			
Please ru	eturn all correspondence concerning this matter t	to the following:			
	Michael Schauben				
		Name of Person			
	Fractal Dimension Capital LLC				
Firm/Company					
	429 NW 120 Drive				
		Address			
	Coral Springs, FL 33071				
		City/State and Zip Code			
	fractaldimensioncapital@gmail.com				
	E-mail address: (to b	e used for future annual report notification)			
For furth	ner information concerning this matter, please ca	ill:			
Michael Schauben		954 663-4591 at ()			
	Name of Contact Person	at () 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 DER ■ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate of	re & 🔲 \$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 605 0002, FLORIDA STATUTES THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fractal Dimension Cap	ital LLC Limited Liability Company; must include "Limite	d Lubility Com	nan ""I I C " ar "I I C")		
Pianoforte Capital LLC	tainice traonity Company, man arctifice Tainice	a Diamini Com	pany, 1212C, 04 EEC 1		
(If name unavailable, enter alternate)	name adopted for the purpose of iransacting business in F	lorida The alterna	te name must include "Limited Liab	othty Company," "	L.L.C," or "L1 C "1
Delaware 2		87-2057605 3. (FEI number, (Lappicable)			
			(FEI number	, if applicable)	
1					
7.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration) me penalty liabilit	1)		
429 NW 120th Drive 5.			NW 120th Drive		
(Street Address of Principal Office)	 	0	(Mathing Address)		
Coral Springs, FL 330	71	Cora	al Springs, FL 33071		
		-			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	table)		5023 K . A
Name:	Michael Schauben		_		ا د د
Office Address:	429 NW 120th Drive		_	-	
	Coral Springs		33071 . Florida	5. 5.	2: 54
	(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.

(Registered agent's signature)



Page 1

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

DELAWARE, DO HEREBY CERTIFY "FRACTAL DIMENSION 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 FIRST DAY OF MAY, A.D. 2023.

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

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

Authentication: 203248311

Date: 05-01-23