

M2300012166

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
Fortunafi Capital Management LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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SEP 21 2023
K. Brumblay

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

IN COMPLIANCE WITH SECTION 905.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN (LIMITED LIABILITY COMPANY) TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 Fortunati Capital Management LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2 DE

93-3272306

(Jurisdiction under the laws of which foreign limited liability company is organized.)

(F.T. Number, if applicable.)

4

(List first two (2) offices in Florida, if prior to registration.
(See sections 905.004 & 905.005, F.S., to determine entity liability.)

2255 Glades Road, Suite 324A

2255 Glades Road, Suite 324A

5 (Street Address of Principal Office)

6 (Mailing Address)

Boca Raton FL, 33431

Boca Raton FL, 33431

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

Name Nicholas Garcia

Office Address 2255 Glades Road, Suite 324A

Boca Raton

33431

(City)

Florida

(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.

By: Nicholas Garcia

(Registered agent's signature)

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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>
☐ Manager	Name: <u>Fortunati Holdings Inc.</u>	☐ Manager	Name: <u>Nicholas Garcia</u>
☒ Member	Address: <u>2255 Glades Road, Suite 324A</u>	☐ Member	Address: <u>2255 Glades Road, Suite 324A</u>
☐ Authorized	<u>Boca Raton FL, 33431</u>	☐ Authorized	<u>Boca Raton FL, 33431</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	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. 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 605.92(3)(f), 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.

Executed By: Nicholas Garcia
(Printed Name)

Signature of an authorized person

Nicholas Garcia

Typed or printed name of signer

Delaware

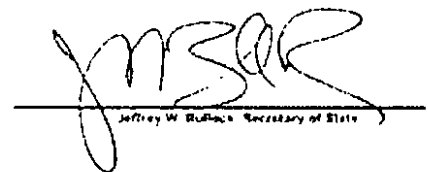
The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORTUNAFI CAPITAL MANAGEMENT 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FORTUNAFI CAPITAL MANAGEMENT LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

7648631 8300

SR# 20233549915

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

Authentication: 204215970

Date: 09-21-23