M23000012167

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000333429 3)))

H23000333429ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
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.

Email Address: _____

Foreign Limited Liability Company
Fortunafi Capital GP LLC

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

RECEIVED
2023 SEP 21 PM 3:27
OFFICE OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
2023 SEP 21 PM 12:45

Electronic Filing Menu Corporate Filing Menu Help

SEP 21 2023
K. Brumbley

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. Fortunafi Capital GP 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. DE
(Jurisdiction under the laws of which foreign limited liability company is organized)

3. 93-3287592
(FEI Number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to filing application.)
(See sections 605.0901 & 605.0905, F.S. for determining penalties, liability.)

5. 2255 Glades Road, Suite 324A
(Street Address of Principal Office)

Boca Raton FL, 33431

6. 2255 Glades Road, Suite 324A
(Mailing Address)

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, Florida 33431
(City) (Zip Code)

2023 SEP 21 PM 12:45
APPROVED AND FILED

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: DocuSigned by: Nicholas Garcia
(Registered 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: Fortunafi Holdings Inc	☐ Manager	Name: Nicholas Garcia
☒ Member	Address: 2255 Glades Road, Suite 324A	☐ Member	Address: 2255 Glades Road, Suite 324A
☐ Authorized Person	Boca Raton FL, 33431	☐ Authorized Person	Boca Raton FL, 33431
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized 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 605.0203 (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.

DocuSigned by:
Nicholas Garcia
Signature of an authorized person

Nicholas Garcia
Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FORTUNAFI CAPITAL GP 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 GP 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

7648626 8300

SR# 20233549899

Authentication: 204215956

Date: 09-21-23

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