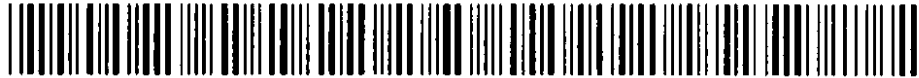


Florida Department of State
Division of Corporations
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To:

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

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OFFICE OF THE CLERK OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 SEP 21 PM 12:45

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SEP 21 2023

K. Brumley

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fortunati Capital GP LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

2. DE 3. 93-3287592
(Jurisdiction under the laws of which foreign limited liability company is organized) (VAT number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.003 & 605.005, F.S., to determine penalty liability.)

5. 2255 Glades Road, Suite 324A 6. 2255 Glades Road, Suite 324A
(Street Address of Principal Office) (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) (State) (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
(Signature of Registered Agent)

APPROVED
AND
FILED
2023 SEP 21 PM 12:45
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH

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	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
 ☐ Manager	Name: <u></u>	 ☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>
 ☐ Manager	Name: <u></u>	 ☐ Manager	Name: <u></u>
☐ Member	Address: <u></u>	☐ Member	Address: <u></u>
☐ Authorized	<u></u>	☐ Authorized	<u></u>
Person	<u></u>	Person	<u></u>
☐ Other	<u></u>	☐ Other	<u></u>

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.

Digitally signed by
Nicholas Garcia
 Signature of an authorized person
 Nicholas Garcia
 Typed or printed name of signer

Delaware

The First State

Page 1

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.



7648626 8300

SR# 20233549899

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204215956

Date: 09-21-23