

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
 Account Number : 076117000420
 Phone : (561)650-0728
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mstocks@gunster.com

Foreign Limited Liability Company
SYKON CAPITAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2023 NOV 27 PM 5:50

FILED

**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. SYKON 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 3. 92-3608382
(Jurisdiction under the law of which foreign limited liability company is organized) (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. <u>601 Heritage Drive</u> (Street Address of Principal Office)	6. <u>601 Heritage Drive</u> (Mailing Address)
<u>Suite 229</u>	<u>Suite 229</u>
<u>Jupiter, Florida 33458</u>	<u>Jupiter, FL 33458</u>

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

Name: GY Corporate Services, Inc.

Office Address: 777 S Flagler Drive, Suite 500E

West Palm Beach, Florida 33401
(City) (Zip code)

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TALLAHASSEE, FL

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.

/s/ Melanie B. Stocks, Asst. Secretary
(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):

<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: <u>Stephen M. Ruvituso</u>	<input type="checkbox"/> Manager	Name: <u>Todd A. Stankiewicz</u>
<input type="checkbox"/> Member	Address: <u>601 Heritage Dr, Suite 229</u>	<input type="checkbox"/> Member	Address: <u>601 Heritage Dr, Suite 229</u>
<input type="checkbox"/> Authorized	<u>Jupiter, Florida 33458</u>	<input type="checkbox"/> Authorized	<u>Jupiter, Florida 33458</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input checked="" type="checkbox"/> Other <u>Chairman</u>	<input checked="" type="checkbox"/> Other <u>President/CIO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Julie Ackerman</u>	<input type="checkbox"/> Manager	Name: <u>Joseph Castiglie</u>
<input type="checkbox"/> Member	Address: <u>601 Heritage Drive, Suite 229</u>	<input type="checkbox"/> Member	Address: <u>601 Heritage Drive, Suite 229</u>
<input type="checkbox"/> Authorized	<u>Jupiter, Florida 33458</u>	<input type="checkbox"/> Authorized	<u>Jupiter, Florida 33458</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Managing Ptnr</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Shawn Teufel</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>601 Heritage Drive, Suite 229</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Jupiter, Florida 33458</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

/s/ Stephen M. Ruvituso

Signature of an authorized person

Stephen M. Ruvituso

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SYKON 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYKON CAPITAL
LLC" WAS FORMED ON THE FOURTEENTH DAY OF APRIL, A.D. 2023.

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



7408950 8300

SR# 20233958872

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

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, in small print, it says "Jeffrey W. Bullock, Secretary of State".

Authentication: 204576975

Date: 11-13-23