

M240000000389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

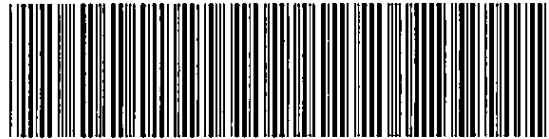
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W23000157858

Office Use Only



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11/13/23--01041--018 **160.00

2023 DEC 15 PM 4:51



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2023

NORMAN JOHN BRODEUR
777 BRICKELL AVENUE, SUITE 500
MIAMI, FL 33131 US

SUBJECT: CAPITAL ADVANTAGE FUND II, LLC
Ref. Number: W23000157858

We have received your document for CAPITAL ADVANTAGE FUND II, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 823A00026974

RECEIVED
DEC 15 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPITAL ADVANTAGE FUND II, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NORMAN JOHN BRODEUR

Name of Person

CAPITAL ADVANTAGE MANAGEMENT II, LLC

Firm/Company

777 BRICKELL AVENUE, SUITE 500

Address

MIAMI, FL 33131

City/State and Zip Code

ADMINISTRATION@CAPITALADVANTAGE.VC

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NORMAN JOHN BRODEUR

800

928-2952

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. CAPITAL ADVANTAGE FUND II 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

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

3.

(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)

8 The Green

777 Brickell Avenue

5. (Street Address of Principal Office)

6. (Mailing Address)

Suite 15935

Suite 500

Dover, DE 19901

Miami, FL 33131

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

Name: NORMAN JOHN BRODEUR

Office Address: 777 BRICKELL AVE, SUITE 500

MIAMI

33131

(City)

, Florida

(Zip code)

2023 DEC 15 PM 4:52

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.

Norman John Brodeur

(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:**
☒ Manager Name: Capital Advantage Management I
☐ Member Address: 777 BRICKELL AVE
☐ Authorized SUITE 500
Person MIAMI, FL 33131
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: NORMAN JOHN BRODEUR
☐ Member Address: 777 BRICKELL AVE
☒ Authorized SUITE 500
Person MIAMI, FL 33131
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ 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.

Norman John Brodeur

Signature of an authorized person

NORMAN JOHN BRODEUR

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "CAPITAL ADVANTAGE FUND II LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "CAPITAL ADVANTAGE FUND II LLC" IS A SERIES LIMITED LIABILITY COMPANY.

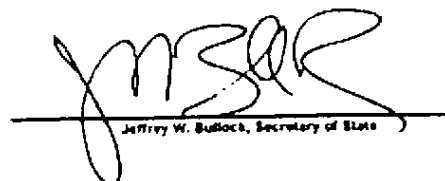
THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF SEPTEMBER, A.D. 2023, AT 10:25 O'CLOCK A.M.

CORRECTED CERTIFICATE OF CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2023, AT 3:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "CAPITAL ADVANTAGE FUND II LLC".




Jeffrey W. Bullock, Secretary of State

2377203 8310

SR# 20234116355

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

Authentication: 204715398

Date: 12-04-23

Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPITAL
ADVANTAGE FUND II LLC" WAS FORMED ON THE NINETEENTH DAY OF
SEPTEMBER, A.D. 2023.

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



2377203 8310

SR# 20234116355

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 204715398

Date: 12-04-23