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2024 FEB -6 PM 1:00
SECRETARY OF STATE
TULSA, OKLA

I. LEMIEUX

FEB 21 2024



February 5, 2024

syeger@rkpt.com

Via Federal Express

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

Dear Sir/Madam:

Re: Equivu Capital, LLC
RKPT File No. CL3174 F001

Enclosed is an Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Good Standing, and a check in the amount of \$125.00 for filing fees. Please file this form and return the date-stamped copy to me in the enclosed postage-paid envelope. We need to have this done as quickly as possible to satisfy requirements for a bank loan.

Thank you for your cooperation. If you have any questions, please give me a call.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Susan L. Yeager".

Susan L. Yeager
Paralegal

Enclosures

cc: Megan L. Schultz, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Equivu Capital, 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:

Susan Yeager

Name of Person

Robbins, Kelly, Patterson & Tucker

Firm/Company

312 Elm Street, Suite 2200

Address

Cincinnati, OH 45202

City/State and Zip Code

syeager@rkpt.com

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

For further information concerning this matter, please call:

Susan Yeager

513

721-3330

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. Equivu 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
(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)

5. 2989 Spanish River Road
(Street Address of Principal Office)

6. 2989 Spanish River Road
(Mailing Address)

Boca Raton, FL 33432

Boca Raton, FL 33432

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

Name: Salvatore C. Calvino

Office Address: 2989 Spanish River Road

Boca Raton, Florida 33432
(City) (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.

DocuSigned by:
Salvatore C. Calvino
0F0B06FCB04744E
(Registered agent's signature)

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FD

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: Salvatore C. Calvino
☐ Member Address: 2989 Spanish River Road
☐ Authorized Boca Raton, FL 33432
Person
☐ Other ☐ Other

☒ Manager Name: Seth Bostock
☐ Member Address: 2989 Spanish River Road
☐ Authorized Boca Raton, FL 33432
Person
☐ Other ☐ Other

☒ Manager Name: Karen Fortin
☐ Member Address: 2989 Spanish River Road
☐ Authorized Boca Raton, FL 33432
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

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

DocuSigned by:
Salvatore C. Calvino
078B36F0B94744B

Signature of an authorized person

Salvatore C. Calvino

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 "EQUIVU 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 SECOND DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUIVU CAPITAL, LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2023.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7227466 8300

SR# 20240338067

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

Authentication: 202727945

Date: 02-02-24