

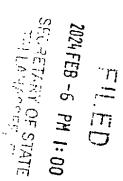
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1. LEMIEUX FLB 2 1 2024





February 5, 2024

syeager@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,

Susan L. Yeager

Paralegal

Enclosures

cc: Megan L. Schultz, Esq.

Susan Ly

## **COVER LETTER**

	Equivu Capital, LLC				
BJECT:		PILLS JILLIE C.			
	Nan	ne of Limited Liability Company			
ne enclosed distence, ar	d "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
	nall correspondence concerning this matter				
	Susan Yeager				
		Name of Person			
	Robbins, Kelly, Patterson & Tucker				
	4.	Firm/Company			
	312 Elm Street, Suite 2200				
		Address			
	Cincinnati, OH 45202				
	(	ity/State and Zip Code			
	syeager@rkpt.com				
	E-mail address: (to b	e used for future annual report notification)			
r further in	nformation concerning this matter, please ca	III:			
Susan Yeager		513 721-3330 at()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee			
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	losed is a check for the following amount: use make check payable to: FLORIDA DEF	OADTAILST ZIE ET ATT			
	a account to the contract of t	A NAN H ATA BALL T. B. N. P. B. C. B. B. B.			

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

IN COMPLIANCE WITH SECTION 6050002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Equivu Capital, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Con	npany." "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alterna	ite name mist include "Limited Li	ability Company,""L.L.C,"	or "LLC.")
Delaware					
2. (Jurisdiction under the law of w	which foreign limited liability combany is organized)	3. (FEI number, (Fapplicable)			
1					
<del>مار</del>	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & £05,0905, F.S. to determin	egistration.) ne penalty liabila			
2989 Spanish River Ro 5.			9 Spanish River Road		
2. (Street Address of Principal Office)		6	(Mailing Address)		
Boca Raton, FL 33432		Boca Raton, FL 33432			
<del></del>	<del></del>				<del></del>
	<del></del>				_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	otable)		
	Salvatore C. Calvino	lvatore C. Calvino			
Name:	une:		_		
Office Address:	2989 Spanish River Road	Road			
	Boca Raton		33432	777 <b>~</b>	
	(Cny)		, Florida(Zip code)		
Registered agent's accep				FEB	Π
Having been named as re designated in this applica	gistered agent and to accept service of pation, I hereby accept the appointment as	rocess for th registered i	he above stated limited l	liability company at	tli <mark>e.pl</mark> ace
to comply with the provisi	ions of all statutes relative to the proper i	ind comple	te performance of my d	uties, and I am <b>S</b> ami	lj <b>är</b> with
and accept the obligation: )	s of my position as registered agent.  Docusigned by:			7 O =	
Į	Salvatore C. Calviro			E OI	
	(Registered agent's si	gnature)		r-r	

Fitle or Capacity:	Name and Address:	Title or Capaci	ty:	Name and Address:
■Manager	Name: Salvatore C. Calvino	□Manager	Name:	
⊒Member	Address: 2989 Spanish River Road	□Member	Address: _	
□Authorized	Boca Raton, FL 33432	□Authorized		
Person		Person	<del></del>	
Other		□Other		□Other
■Manager	Name: Seth Bostock	□Manager	Name:	
∃Member	Address: 2989 Spanish River Road	□Member		
JAuthorized	Boca Raton, FL 33432	□Authorized		
Person		Person		
]Other		Other		Other
<b>■</b> Manager	Name: Karen Fortin	□Manager	Namas	
Member	Address: 2989 Spanish River Road	□Member		
lAuthorized	Boca Raton, FL 33432	□Authorized		
Person		Person		
]Other		□Other		□Other
dexed individuals  Attached is a cert risdiction under the translator mus  This document is	ise an attachment to report more than six (6), may be added to the index when filing your ifficate of existence, no more than 90 days old e law of which it is organized. (If the certificate be submitted)  s executed in accordance with section 605.02 ment to the Department of State constitutes a procusioned by:	Florida Department of Sta I. duly authenticated by that ate is in a foreign languar (03 (1) (b), Florida Statut	ate Annual Rep he official havi ge, a translation es. I am aware i	ort form.  ng custody of records in the control of the certificate under or that any false information.

Typed or printed name of signee

## Delaware The First State

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.



Authentication: 202727945

Date: 02-02-24