

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000032836****Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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Fax Number : (850)617-6381**From:**Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA LIMITED LIABILITY CO.
CRYPTO BRO'S HOLDINGS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crypto Bros Holdings LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1921 SW 129 Ct

Miami FL 33149

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Brad Alexander Plaza

1921 SW 129 Ct

Miami FL 33149

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

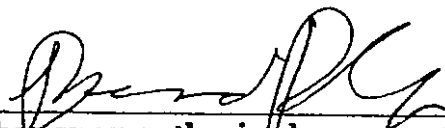
Brad Alexander Plaza (AMBR)

Jonathan Joseph Otero (AMBR)

STATE OF FLORIDA
TALLAHASSEE

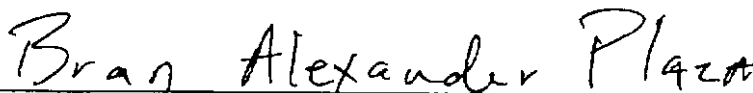
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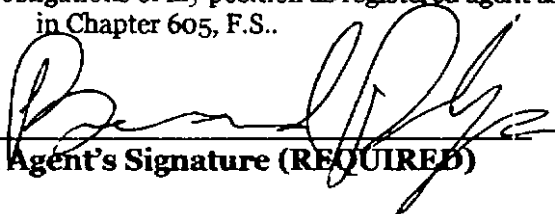
Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

**Typed or printed name of signee**

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

**Registered Agent's Signature (REQUIRED)**

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