

12/7/2020

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Division of Corporations
Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company

Atomyze LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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12/8/20

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ATOMYZE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC" 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," "LLC" or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (Tax number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One Lafayette Place, Suite 205, Greenwich CT 06830
(Street Address of Principal Office)
6. One Lafayette Place, Suite 205, Greenwich CT 06830
(Mailing Address)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Kathryn A. Widdoes Kathryn A. Widdoes
(Registered agent's signature) Assistant Secretary

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: Member **Name and Address:**
 Member Name: Asset Hacked Coins Platform L.P.
 Address: Floor 4 Willow House
 Authorized Cricket Square, Grand Cayman
 Person Cayman Islands KY1-9010 CYM
 Other _____ **Other** _____

Title or Capacity: Member **Name and Address:**
 Member Name: Global Palladium Fund, L.P.
 Address: 190 Elgin Avenue
 Authorized Georgetown, Grand Cayman
 Person Cayman Islands KY1-9005 CYM
 Other _____ **Other** _____

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

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.



 Signature of an authorized person
 Wendy Dinez Carver

 Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATOMYZE 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 SEVENTH DAY OF DECEMBER, A.D. 2020.

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

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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