M23000000566

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
emailed proof 25
1/17/23 200
2 2024
2 02

Office Use Only



000398078540

11/28/22--01027--026 **160.00

1623 J. 717 J. 711: 11

S. FRANKLIN JAN 18 2023

COVER LETTER

1 - 2 - 2 - 2 - 2 - 1

Registration Section

TO:

Division of Corporations		
Manifest Crypto LLC		
SUBJECT:		
Nam	e of Limited Liability Company	
	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	
Please return all correspondence concerning this matter t	to the following:	
Peeter Muursepp		
	Name of Person	,
Manifest Crypto LLC		
· · · · · · · · · · · · · · · · · · ·	Firm/Company	,
103 Elena Ct		r~2
***************************************	Address	7773
Jupiter, FL 33478		*
	Tity/State and Zip Code	. –
accounts@manifesterypto.org	,	: :
E-mail address: (to be	e used for future annual report notification)	: =
For further information concerning this matter, please ca	dt:	_
Peeter Muursepp	203 550-5387	
Name of Contact Person	at () 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 DEI \$125,00 Filing Fee \$\square\$ \$130,00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee,	

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: Manifest Crypto 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 "L.L.C," State of Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 02/04/2022 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 103 Elena Ct 103 Elena Ct (Street Address of Principal Office) (Mailing Address) Jupiter, FL 33478 Jupiter, FL 33478 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Benjamin Weintraub Name: 103 Elena Ct Office Address: Jupiter 33478 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.

(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 Jup to six (6) totall:

Fitle or Capacity:	<u>Name and Address:</u> Benjamin Weintraub	Title or Capacity:	Name and Address: Brendan Sanderson
■Manager	Name:	■ Manager	Name:
■Member	Address:	■Member	302 S Coconut Ln Address:
	Jupiter, FL 33478		Miami Beach, FL 33139
□Authorized		☐ Authorized	
Person		Person	
Other	Other	□Other	Other
■Manager	Michael Montoya	□Manager	Peeter Muurseppi Name:
J	302 S Coconut Ln	5 *·	19 Prospect Ridge, Unit 2
Member	Address:	□Member	Address:
Authorized	Miami Beach, FL 33139	■ Authorized	Mageriela, Or Marr
= Authorized		= Authorized	
Person		Person	
]Other	Other	Other	
]Manager	Name:	□Manager	Name:
]Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
Other	□Other	□Other	Other

- 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, 1 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.

	mul Its	
	Signature of an authorized person	
Michael Montoya		
	Typed or printed name of signee	





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MANIFEST CRYPTO LLC" IS DULY FORMED

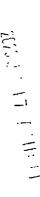
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANIFEST CRYPTO LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2022.

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



a at corn delaware gov/aut

Authentication: 205162628

Date: 12-21-22

6800486 8300 SR# 20224344481