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KRYPTOS FUND, LTD.

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), Part I, Chapter 620, Florida Statutes, does hereby certify as follows:

- 1. Name. The name of the limited partnership is KRYPTOS FUND, LTD.
- 2. Address. The street and mailing address for the limited partnership's designated office is 1819 Goodwin Street, Jacksonville, Florida 32204.
- 3. Registered Agent. The name and address of the limited partnership's registered agent and registered office are: J. Kirby Chritton, Bsq., 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207.
- 4. <u>General Partner</u>. The name and business address of the general partner of the limited partnership are: Kryptos Capital, LLC, 1819 Goodwin Street, Jacksonville, Florida 32204.
- 5. <u>Termination</u>. The latest date upon which the limited partnership is to dissolve is December 31, 2047.

WHEREFORE, this Certificate has been executed by the General Partner of the limited partnership this 20 Mday of November, 2017. I submit this document and affirm 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 Section 817.155, Florida Statutes.

KRYPTOS CAPITAL, LLC,

as General Partner

J. Courtland McNulty

Manager'

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

The below named limited partnership, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

L The name of the limited partnership is:

Kryptos Fund, Ltd.

The name and address of the registered agent is:

J. Kirby Chritton 1301 Riverplace Blvd., Suite 1500 Jacksonville, Florida 32207

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP 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.

Dated: November 27, 2017

Signature of Registered Agent

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