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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email Address: _____statenotices@vcorpservices.com

FLORIDA/FOREIGN LP/LLLP Ceiba Digital Assets LP

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S. ROBERTS DEC 0 3 2021

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA



18886118813

L Ceiba Digital Assets LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., I.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

State or Country of Formation 4. Federal Employer Identification Number 87-3710148 5. Name of Registered Agent for Service of Process and F Veorp Services, LLC 5011 South State Road 7. Suite 106 Davie, FL 33314 6. Thereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent. Signature	agree to act in this capacity. I further agree to comp nance of my duties, and I am familiar with and accep	nt the obligations of
4. Federal Employer Identification Number 87-3710148 5. Name of Registered Agent for Service of Process and F Veorp Services, LLC 5011 South State Road 7. Suite 106 Davie, FL 33314 6. Thereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent. Signature	Date of Formation Florida Street Address: agree to act in this capacity. I further agree to companie of my duties, and I am familiar with and acception of the configuration of the configuration of the configuration of Registered Agent.	of the obligations of stations
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Davie, FL 33314 6. Thereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent. Signatur	mance of my duties, and I am familiar with and accept Miriam N Assistant re of Registered Agent	by with the provision in the oblessions of
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of all statutes relative to the proper and complete perform my position as registered agent. Signatur	mance of my duties, and I am familiar with and accept Miriam N Assistant re of Registered Agent	ply-with the provision of the obligations of the statement of sachison
7. Principal Office:	-	
1333 3rd Ave South, Suite 503	1333 3rd Ave South, Suite 503	
Naples, FL 34102	Naples, FL 34102	
9. If limited partnership is a limited liability limited part 10. Name, principal office address, and mailing address TEG Digital Assets LLC	of each general partner:	
Name of General Partner: TFG Digital Assets LLC 1333 3rd Ave South, Suite 503	Name of General Partner:	
Street Address.	Street Address.	
Naples, FL 34102		
Mailing Address 1333 3rd Ave South, Suite 503	Mailing Address:	
Naples, FL 34102		
Name of General Partner:	Name of General Partner:	
Street Address:	Street Address:	
Mailing Address:	Mailing Address:	

Page 1 of 2

Name of General Partner:		Name of General Partner
Street Address:		Street Address:
Mailing Address:		Mailing Address.
document's effective date on the	s block does not meet the applicable to Department of State's records	date this document is filed by the Florida Department of State.) e statutory filing requirements, this date will not be listed as the ore than 90 days prior to the delivery of this application to the
Florida Department of State, by the law of which it is organized	r the Secretary of State or other offi L	cial having custody of the entity's records in the jurisdiction under
Signed this 2nd	day of December	.20 21
	S GOLKY	f a general partner
The individual signing this doc		nergin are true and the individual is aware that false information

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 817.155, F.S.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52,50

Certificate of Status (optional):

\$8,75

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "CEIBA DIGITAL ASSETS LP" 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 DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CEIBA DIGITAL ASSETS LP" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204852964

Date: 12-02-21