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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842 Fax Number

: (850)878-5368

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

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FOREIGN PROFIT/NONPROFIT CORPORATION BitPay, Inc.

Certificate of Status	0
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Page Count	06
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APR 0 9 2015

T. SCOTT

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COVER LETTER

TO: New Filing Sect Division of Corp BitPay,	porations			
SUBJECT:		·		
	Name of corpora	tion - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence	on by Foreign Corporation ," or "Certificate of Good ! n corporation to transact bu	for Authorization to Transa Standing" and check are sub siness in Florida.	ct Business in Florida," omitted to register the	
Please return all corresp Azba Habib	ondence concerning this ma	atter to the following:		
BitPay, Inc.	Name	of Person		
3405 Piedmont Road		Company		
Atlanta, GA 30305	A	ddress		
azba@bitpay.com	City/Sta	te and Zip code		
	E-mail address: (10 be us	ed for future annual report i	notification)	
For further information	concerning this matter, plea	se call:		
Azba Habib	404	907-2055		
Name of Persor	Aı	rea Code & Daytime Teleph	one Number	
STREET/COU New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for t	he following amount:			
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. BitPay, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-1800074 Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) perpetual (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3405 Piedmont Road, Suite 200 Atlanta GA 30305 (Principal office address) 3405 Piedmont Road, Suite 200 Atlanta GA 30305 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address; **Plantation** 33324 , Florida (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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: Michael Seraphin Asst. Secretary

(Registered agent's signature)

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:
A. DIRECTORS Anthony Gallippi
Chairman: 3405 Piedmont Road, Suite 200 Atlanta GA 30305
Address:
Vice Chairman:
Address:
Stephen Pair Director:
Director: 3405 Piedmont Road, Suite 200 Atlanta GA 30305
Address:
Director:
Address:
B. OFFICERS
See attached President:
Address:
Vice President:
Address:
Secretary:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.
Bryan Krohn CFO

(Typed or printed name and capacity of person signing application)



3405 Piedmont Road NE Suite 200 Atlanta GA 30305

BitPay Officer Addendum Florida MSB License

Officer

Anthony Gallippi, Executive Chairman Stephen Pair, Chief Executive Office Bryan Krohn, Chief Financial Officer Tae Won Byun, Chief Compliance Officer

Directors

Anthony Gallippi, Executive Chairman Stephen Pair, Chief Executive Office

<u>Address</u>

3405 Piedmont Rd. NE Suite 200, Atlanta, GA 30305 3405 Piedmont Rd. NE Suite 200, Atlanta, GA 30305 3405 Piedmont Rd. NE Suite 200, Atlanta, GA 30305 188 South Park, APT 7, San Francisco CA 94107

<u>Address</u>

3405 Piedmont Rd. NE Suite 200, Atlanta, GA 30305 3405 Piedmont Rd. NE Suite 200, Atlanta, GA 30305

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BITPAY, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING
AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5163966 8300

150478450

You may verify this cortificate online at cosp.delevers.gov/authver.shtml

AUTHENTY CATION: 2270027

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DATE: 04-07-15