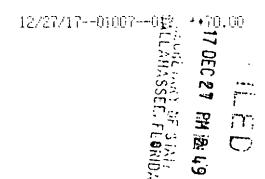
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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
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| (Do | ocument Number) | 1 |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

| 1(Enter name of ed | | | |
|-----------------------------------|---|---------------------------------|----------------------------|
| "Inc.," "Co.," "Co | orporation: must include "INCORPORATED orp," "Inc," "Co," or "Corp,") | D." "COMPANY," "CORPORATION," | |
| Deed | Reoin Platform | Lnc. | |
| Delaware | ble in Florida, enter alternate corporate nam | 82-3148254 | |
| 110/12/20/17 | s under the law of which it is incorporated) | | |
| 1 | of incorporation) 5 | 5 | |
| (Date 12/21/2017 | of incorporation) | (Date of duration, if other tha | in perpetual) |
|). | (Date first transacted business | | |
| · | (SEE SECTIONS 607.1501 & 607. AKE ROAD SUITE B-2 NEWARK DE 19 rd suite 101 melbourne fl 32940 | cipal office address) | 17 17 17 17 |
| | | | · - |
| | (Current mail | ling address if different) | <u> </u> |
| | (Current mai | ling address, if different) | DEC 2 |
| Name and stree | t address of Florida registered agent: (P charles wismer | | C27 BM |
| | t address of Florida registered agent: (P | | C27 PH 2 |
| 3. Name and stree | t address of Florida registered agent: (P charles wismer 5545 n wickham rd suite 101 | P.O. Box NOT acceptable) | C27 BM |
| 8. Name and <u>stree</u> Name: | t address of Florida registered agent: (P charles wismer 5545 n wickham rd suite 101 | P.O. Box NOT acceptable) | C27 PH 2 |
| 8. Name and <u>stree</u> Name: | t address of Florida registered agent: (P charles wismer 5545 n wickham rd suite 101 | P.O. Box NOT acceptable) | SEE, FLOOR |

vice 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.

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.



11. Names and business-addresses of officers and/or directors:

A. DIRECTORS Chairman: ___ Vice Chairman: _____ Address: Director: Address: ___ **B. OFFICERS** Charles Wismer President: 8537 mizell dr Address: melbourne fl 32940 Matthew Herrick Vice President: 5552 rising star In Address: merritt island fl 32940 Matthew Herrick Secretary: 5552 rising star In merritt island fl 32940 Address: _ George Herrick Treasurer: 5552 rising star in merritt island fl 32940 Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. _____ Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Charles Anthony Wismer -President





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

DELAWARE, DO HEREBY CERTIFY "DEEDCOIN 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEEDCOIN INC"

WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2017.

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

Authentication: 203844844

Date: 12-28-17