

F18000004432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

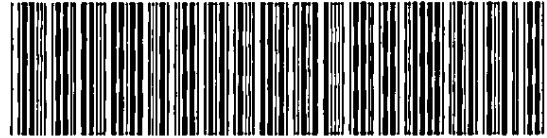
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700318801677

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18 SEP 24 AM 3:05
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

16 SEP 24 PM 3:34

K SALY
SEP 25 2018

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/24/2018

Acc#I20160000072

en: c SW

Name:	Securitize, Inc.
Document #:	
Order #:	11168002

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

PAG·LAW

Private Advising Group P.A.

September 24, 2018

To Florida Department of State

P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

FILED
18 SEP 24 AM 3:05
TALLAHASSEE, FL
CLERK OF THE COURT

Dear Sir or Madam,

I hereby authorize CT Corporation System to resubmit the filing for Foreign qualification of SECURITIZE, INC (file number: W18000084991) on my behalf.

Very truly yours,



Christiane Trejgier

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURITIZE, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Christiane Trejgier

	Name of Person
Private Advising Group, P.A.	
	Firm/Company
600 Brickell Ave., Suite 1725,	
	Address
Miami, FL 33131	
	City/State and Zip code
incs@pag.law	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christiane Trejgier	at (786)	292 1599
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 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.*

1. SECURITIZE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECURITIZE 1, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 6639221
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/30/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 150 Hampton Ln., Key Biscayne, FL 33149
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

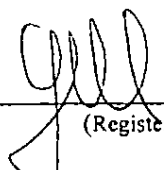
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

Olga Hinkel, VP


(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.

FILED
18 SEP 24 AM 3:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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18 SEP 24 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Carlos Domingo

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Vice Chairman: Tal Elyashiv

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Director: James H. Finn

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Director: _____

Address: _____

B. OFFICERS

President: Carlos Domingo

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Vice President: _____

Address: _____

Secretary: James H. Finn

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Treasurer: _____

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.

13. Carlos Domingo, President

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

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

A. DIRECTORS

Chairman: Carlos Domingo

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Vice Chairman: Tal Elyashiv

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Director: James H. Finn

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Director: _____

Address: _____

B. OFFICERS

President: Carlos Domingo

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Vice President: _____

Address: _____

Secretary: James H. Finn

Address: 150 Hampton Ln., Key Biscayne, FL 33149

Treasurer: _____

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.17.155, F.S.

13. Carlos Domingo, President

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

FILED
18 SEP 24 AM 3:10
STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURITIZE, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

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

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

FILED
18 SEP 24 AM 3:10
STATE
TALLAHASSEE, FLORIDA



6639221 8300

SR# 20186688878

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203435068

Date: 09-17-18