F1800005320

(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:				
W18-920104				
Office Use Only				



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2018

ELI M. BLATT 1521 ALTON ROAD, APT 339B MIAMI BEACH, FL 33139

SUBJECT: BITFINANCIAL PBC Ref. Number: W18000092066

We have received your document for BITFINANCIAL PBC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 918A00021556;

2010 NGY 21 FH 3: 86

COVER LETTER

TO:	Registration Sec Division of Corp				
CHDI	BitFinance				
SUBJ	ECT:	Name of corporation	on - must include suffix		
Dear S	Sir or Madam:				
"Certi	ficate of Existence	on by Foreign Corporation fo ;" or "Certificate of Good Sta a corporation to transact busin	anding" and check are su		
Please Eli M		ondence concerning this matt	er to the following:		
		Name o	f Person		
BitFin	ance PBC				
		Firm/Co	mpany		
1521 A	Alton Rd APT 339B				
		Add	ress		
Miami	Beach, FL 33139			至	2016
		City/State	and Zip code	24	N CV
contac	t@bitfinance.com			7.	\(\alpha\) \(\begin{array}{cccccccccccccccccccccccccccccccccccc
		E-mail address: (to be used	for future annual report	notification)	
For fur	rther information o	concerning this matter, please	call:	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (1861
Eli M	Blatt 415 341-6248				
	Name of Person	· \ \	de Daytime Telep	phone Number	
Enclos	Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
	0.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate o Certified Co	f Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	orporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	COMPANY." "CORPORATION	.,	
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	g business in Florida)	
Delaware	3			
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
01/09/2018				
(Date	55.	(Date of duration, if other t	han perpetual)	
08/01/2018	pp,			
	e #600, Miami, FL 33136 (Principal of Principal of Princ	office address)		
<u></u>	(Current mailing a	ddress, if different)	28	
Name and stree	et address of Florida registered agent: (P.O. I Eli M Blatt	Box <u>NOT</u> acceptable)	2010 NOV 21 PA	
			, -	
Name:	1951 NW 7th Ave #600	_	<u>.</u>	
	Miami		9. 9. 9. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	

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.

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

11. Names and business addresses of officers and/or directors: A. DIRECTORS Eli M Blatt Chairman: 2020 N Bayshore Dr #2310 Address: Miami FL 33137 Vice Chairman: Address: ______ Director: ______ Address: B. OFFICERS President: __ ____ Address: Vice President: Address: Secretary: _____ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. _____ Signature of Director or Office 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. Eli M Blatt, CEO.

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



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

DELAWARE, DO HEREBY CERTIFY "BITFINANCE, PBC" 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-SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BITFINANCE, PBC"
WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2018.

Sold State of the state of the

Authentication: 203493015

Date: 09-26-18