F21000000295

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NAME:

SECURITY TOKEN GROUP LLC

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE Cashie Hodge

COVER LETTER

TO:	Registration Section				
	Division of Corporations	OUD INC			
enn i	SECURITY TOKEN GR	OUP, INC.			
SUDJ		ne of corporation	n - must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation (rate of Good Sta	inding" and check are st		
Please Herwi	return all correspondence conce g Konings	erning this matte	er to the following:		
SECU	RITY TOKEN GROUP, INC.	Name o	f Person		
1111 E	Brickell Ave, Floor 10	Firm/Co	mpany		
Miami	, Florida 33131	Add	ress		
herwig	@securitytokengroup.com	City/State	and Zip code		
	E-mail addi	ress: (to be used	for future annual repor	t notification)	
For fu	rther information concerning thi	s matter, please	call:		
Herwig Konings		609	658-8813	658-8813	
_	Name of Person	at (Area Co	de Daytime Tele	phone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ESS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	ed is a check for the following above 10.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

SECURITY	TOKEN GROUP, INC.			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATIO	N,"	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)	
Delaware	8	2-4468626		
January 13, 202				
(Date	of incorporation)	(Date of duration, if other than perpetual)		
IIII Brickell Av	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 e, Floor 10, Miami, Florida 33131		lity)	
	(Principal	office address)		
	(Current mailing	address, if different)		
	,	,		
	et address of Florida registered agent: (P.O. Herwig Konings	Box NOT acceptable)	2021 JAN 14	
Name:	1111 Brickell Ave, Floor 10			
fice Address:	Miami			
	(City)	(Zip code)	8: 56	
aving been nam signated in this rther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel amiliar with and accept the obligations of t	ent as registered agent and ag ative to the proper and compl	ree to act in this capacity. lete performance of my	
	<u> </u>	b		
	(Registered ago	ent'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.

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

Chairman					
Address:					
Director:	Herwig Konings				
	1111 Brickell Ave, Floor 10				
Address:	Miami, Florida 33131				
	Tevya Finger				
Director:	1111 Brickell Ave, Floor 10				
Address:	Miami, Florida 33131				
					
Director:					
Address:					
B. OFF	ICERS Herwig Konings				
President & CEO:	IIII Brickell Ave. Floor 10				
Address:	Miami, Florida 33131				
Vice Preside	Herwig Konings				
	1111 Brickell Ave, Floor 10				
Address:	Miami, Florida 33131				
	Herwig Konings				
Secretary:	1111 Brickell Ave, Floor 10, Miami, Florida 33131				
Address:	Herwig Konings				
Treasurer	1111 Brickell Ave, Floor 10, Miami, Florida 33131				
	TITT Blickell Ave. 1 (001 10), Wildlin: 1 (010a 9919)				
	If necessary, you may attach an addendum to the application listing additional officers and/or directors.				
	Signature of Director or Officer				
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein nd that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S. rig Konings, President & CEO				

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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SECURITY TOKEN GROUP, 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 FOURTEENTH DAY OF JANUARY, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURITY TOKEN GROUP, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JANUARY,

A.D. 2021.

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

a at core delaware gov/aut

Authentication: 202285812

Date: 01-14-21

4715124 8300 SR# 20210109648