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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 733254 8263071

AUTHORIZATION : Small & Consideration

COST LIMIT : \$\frac{1}{10}\cdot 00

ORDER DATE: March 26, 2021

ORDER TIME : 11:05 AM

ORDER NO. : 733254-015

CUSTOMER NO: 8263071

FOREIGN FILINGS

NAME: SMARTCONTRACT INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

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.

Chainlink Labs			
(If name unavail	able in Florida, enter alternate corporate name add	pted for the purpose of transacting	business in Florida)
Delaware	3.		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
06/09/2014	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in F	orida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502		')
250 BROADW	AY 36th FLOOR, NEW YORK, NY 10001	, F.S., to determine penalty liability	·)
250 BROADW		, F.S., to determine penalty liability	r)
250 BROADW	AY 36th FLOOR, NEW YORK, NY 10001 (Principal office	, F.S., to determine penalty liability street address)	·)
250 BROADW	AY 36th FLOOR, NEW YORK, NY 10001 (Principal office	, F.S., to determine penalty liability	
	AY 36th FLOOR, NEW YORK, NY 10001 (Principal office (Current mailing a	, F.S., to determine penalty liability street address) ddress, if different)	
	(Current mailing a et address of Florida registered agent: (P.O. E	, F.S., to determine penalty liability street address) ddress, if different)	
	AY 36th FLOOR, NEW YORK, NY 10001 (Principal office (Current mailing a	, F.S., to determine penalty liability street address) ddress, if different)	201181
Name and <u>stre</u>	(Current mailing a et address of Florida registered agent: (P.O. E	, F.S., to determine penalty liability street address) ddress, if different)	2021 1781
Name and <u>stre</u> Name:	(Current mailing a et address of Florida registered agent: (P.O. I Corporation Service Company	, F.S., to determine penalty liability street address) ddress, if different) Box NOT acceptable)	2021 1781
Name and <u>stre</u> Name:	(Current mailing a et address of Florida registered agent: (P.O. E Corporation Service Company	, F.S., to determine penalty liability street address) ddress, if different)	

Corporation Service Company

By: Grande & Blum

and I am familiar with and accept the obligations of my position as registered agent.

(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.

DocuSign Envelope ID: 8712D8F3-9895-4DC0-8919-E3571DB94754

A. DIRECTORS						
□Chairman	Name:	□ Chairman	Name: STEPHEN ELLIS			
□Vice Chairman	Address: 1250 BROADWAY 36th FLOOR	□Vice Chairman	Address: 1250 BROADWAY 36th FLOOR			
□ Director		Director				
President	NEW YORK, NY 10001	President	NEW YORK, NY 10001			
OVice President		☐Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Тгеаѕшег			
Other	OOther	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
☐ Director		Director				
□President		□President	- · · · · · · · · · · · · · · · · · · ·			
□Vice President		□Vice President				
□Secretary	☐ Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	OSecretary	☐ Treasurer			
Other	Other	□Other	□ Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Brundan Magauran						
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 1) about 2000 at 1000 at 10						

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. BRENDAN MAGAURAN, AUTHORIZED PERSON

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SMARTCONTRACT 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 THIRTY-FIRST DAY OF MARCH, A.D.

2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMARTCONTRACT INC." WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 2014.

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

Authentication: 202870703

Date: 03-31-21