## F2100003892

(Requestor's Name)		
- (Addı	ress)	
(Addi	ress)	
(City/	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
Zel	180	21





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JUN 28 2021

U6/29/21--01U29--028 \*\*87.58



JUL 13 2021 M. SOLOMON

## **COVER LETTER**

TO:	Registration Section Division of Corporations	i		
SUBJ	ECT: BLOCKTOWER LI	LC		
			on - must include suffix	<del></del>
Dear S	ir or Madam:			
Certif	iclosed "Application by Fo ficate of Existence," or "Co referenced foreign corpora	ertificate of Good Sta	r Authorization to Transact landing" and check are submitess in Florida.	Business in Florida," itted to register the
Please	return all correspondence	concerning this matte	er to the following:	
MICHA	AEL BONDAR			
		Name of	f Person	
BLOCI	KTOWER LLC			
		Firm/Co	mpany	
501 BR	ICKELL KEY DRIVE, SUI	TE 601		
		Add	ress	
MIAMI	I. FL 33131			
	<u>_</u>	City/State	and Zip code	
OPERA	ATIONS@BLOCKTOWER.(			
	E-mail	address: (to be used	for future annual report not	ification)
For fur	ther information concerning	g this matter, please	call:	
MICHAEL BONDAR at () 989-3069				
	Name of Person	Area Coo	de Daytime Telephor	ne Number
	STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassed 2415 N. Monroe Street, S Tallahassee, FL 32303		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
Please n	_	UDA DEPARTMENT	<b>–</b>	■ \$87.50 Filing Fec. 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)	
2. DELAWARE	2. 3.			
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4	5.	PERPETUAL		
(Date	e of incorporation) 5.	(Date of duration, if other than po	rpetual)	
501 BRICKELL		n Florida, if prior to registration) 502. F.S., to determine penalty liability)		
/·	(Principal off	ice street address)		
501 BRICKELL	KEY DRIVE, SUITE 601, MIAMI, FL 33131	<del></del>		
	(Current mailir	ng address, if different)		چ
8 Name and street	et address of Florida registered agent: (P.C	) Box NOT accontable)	· · · · · · · · · · · · · · · · · · ·	
Name:	MICHAEL BONDAR			- - - -
Office Address:	501 BRICKELL KEY DRIVE. SUITE 601			<b>&gt;</b>
	МІАМІ	, Florida 33131		5 ၁
	(City)	(Zip code)	•	-
designated in this further agree to c	ed as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r with and accept the obligations of my po	nent as registered agent and agree to a relative to the proper and complete perf sition as registered agent.	ct in this capacity	. 1
	(Registered agent's si	ignature)		

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.

A. DIRECTORS		•		
□Chairman	Name: MATTHEW GOETZ	□Chairman	Name:ARI Pa	NUI.
□Vice Chairman	Address:	□Vice Chairman	Address: 501	BRICKELL KEY DRIVE
□Director	SUITE 601	□Director	SUITE 601	
□President	MIAMI, FL 33131	□President	MIAMI, FL 33131 (Managing Member)	
□Vice President	(Managing Member)	□Vice President		
☐ Secretary	□Treasurer	☐Secretary		□Treasurer
Other MANAG	Other	□Other MANAG	ING ME	Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary		□Treasurer
Other	☐ Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	22
□Vice Chairman	Address:	□Vice Chairman	Address:	22 22 20 20 20 20
□Director		□Director		-,
□President		□President		
□Vice President		□Vice President		37
□Secretary	☐Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department	at of State Annual Rep	oort form.	rposes only. Non-indexed
	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.



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

DELAWARE, DO HEREBY CERTIFY "BLOCKTOWER LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLOCKTOWER LLC"
WAS FORMED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2017.

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



Authentication: 203482447

Date: 06-18-21



July 1, 2021

MICHAEL BONDAR BLOCKTOWER LLC 501 BRICKELL KEY DRIVE, SUITE 601 MIAMI, FL 33131

SUBJECT: BLOCKTOWER LLC Ref. Number: W21000094845

We have received your document for BLOCKTOWER LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

Mel Solomon Senior Section Administrator

Letter Number: 321A00015080

www.sunbiz.org

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