F2100003894

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enacy Hame)
(Danish Marie E. 3)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_ <u> </u>
XOCO IL
Rech 22
` `

Office Use Only



000368336630

RECEIVED

JUN 28 2021

86/29/21--01029--027 **87.58



IJUL 13 2021 M. SOLOMON

COVER LETTER

TO: Registration S			
Division of Co	•		
SUBJECT: BLOCK	TOWER CAPITAL LI		
	Name of	corporation - must	include suffix
Dear Sir or Madam:			
	ice," or "Certificate o	f Good Standing" a	ization to Transact Business in Florida," and check are submitted to register the orida.
Please return all corres	spondence concerning	g this matter to the	following:
MICHAEL BONDAR		_	-
		Name of Person	
BLOCKTOWER CAPIT	ΓAL LLC		
		Firm/Company	
501 BRICKELL KEY D	PRIVE, SUITE 601		
		Address	
MIAMI. FL 33131			
		City/State and Zip	code
OPERATIONS@BLOC	KTOWER.COM	·	
	E-mail address:	(to be used for futu	re annual report notification)
For further information	n concerning this mat	tter, please call:	
MICHAEL BONDAR	а	203 989	-3069
Name of Pers	on "	Area Code	-3069 Daytime Telephone Number
Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check fo	r the following amou	nt:	

☐ \$78.75 Filing Fee &

■ \$87.50 Filing Fee.

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

☐ \$70.00 Filing Fee

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.

DELAWADE		adopted for the purpose of transacting business in	Florida)		
(State or count	ry under the law of which it is incorporated) 3.	(FEI number, if applicable)		_	
	y under the law of which it is incorporated)	(FEI number, if applicable) PERPETUAL			
(Date 05/19/2021	of incorporation)	(Date of duration, if other than perpetual)		-	
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		_	
BUI BRICKELL	KEY DRIVE, SUITE 100, MIAMI, FL 33131		_	_	
501 BRICKELL	(Principal off KEY DRIVE, SUITE 601, MIAMI, FL 33131	ice <u>street</u> address)		~ >	
		ng address, if different)		22	
				1 JUL 12	
Name and street	et address of Florida registered agent: (P.C	O. Box NOT acceptable)	14	12	
Name:	MICHAEL BONDAR		67	<u> </u>	
fice Address:	501 BRICKELL KEY DRIVE, SUITE 601		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AM IO: 3	
	MIAMI	, Florida <u>33131</u>	300 9	σ	
	(City)	(Zip code)			

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.

(Registered agent's signature)

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name: ARI PAUL 501 BRICKELL KEY DRIVE Address:	
□Vice Chairman	Address: 501 BRICKELL KEY DRIVE	□Vice Chairman		
□Director	SUITE 601	□Director	SUITE 601	
□President	MIAMI, FL 33131	□President _	MIAMI, FL 33131	
□Vice President	(Managing Member)		(Manag	
☐Secretary	□Treasurer	□Secretary		□Treasurer
Other MANAG	Other	□Other MANAG	ING ME	□Othet
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director	*·	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer , 22
Other	Other	□Other		Other
□Chairman	Nama	50 ·	.,	1 N T
	Name:	□Chairman	Name:	
	Address:	∐Vice Chairman	Address:	
Director		□Director		
President		□President		
□Vice President		☐Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	Other	□Other		Other
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual Rep	l for reporting puport form,	rposes only. Non-indexed
12	Signature Director or	Officer		
The officer or direct	tor rigning this document (and talk 1.11 to 1.11			

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.

MATTHEW GOETZ, MANAGING MEMBER

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLOCKTOWER CAPITAL 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 SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLOCKTOWER CAPITAL LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2017.

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

Authentication: 203607669

Date: 07-06-21

6439337 8300 SR# 20212634733



July 1, 2021

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

SUBJECT: BLOCKTOWER CAPITAL LLC

Ref. Number: W21000094842

We have received your document for BLOCKTOWER CAPITAL 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.

Letter Number: 621A00015079

Mel Solomon Senior Section Administrator