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RECEIVED

S. ROBERTS
MAY 2 7 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 710507 8284021

AUTHORIZATION

COST LIMIT : \$\frac{\$\frac{70.00}{}}{0.00}

ORDER DATE: May 26, 2022

ORDER TIME : 2:55 PM

ORDER NO. : 710507-005

CUSTOMER NO: 8284021

## FOREIGN FILINGS

NAME: DIGITAL ASSET SHARING HUB, 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: Alexxis Weiland -- EXT#

EXAMINER:

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: DIGITAL ASSET SHARING HUB, INC.	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Leonard Dugow	
Name of 1	Person
Firm/Com	pany
1000 Venetian Way, #2202	
Addre	98
Miami, Florida 33139	
City/State an	d Zip code
len@lgdcom.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	dl:
at (	)
Name of Person at ( at (	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	OF STATE
<u> </u>	\$78.75 Filing Fee & Sand Status & Certified Copy  \$87.50 Filing Fee, Certified Copy  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 unever	lable in Florida, enter alternate competer and		
Delaware		opted for the purpose of transacting business in Florida	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
05/17/2021			
(Date of incorporation)		(Date of duration, if other than perpetual)	
000 Venetian V	Vay, #2202, Miami, Florida 33139		
	(Principal office p	treet address)	
	(Principal office p		
	(Principal office p	ddress, if different)	
Name and <u>stre</u> Name:	(Principal office particular (Current mailing as address of Florida registered agent: (P.O. B	ddress, if different)  ox NOT acceptable)	
Name and stre	(Principal office particular (Current mailing as et address of Florida registered agent: (P.O. B. Steven J. Schermer	ddress, if different)  ox NOT acceptable)	

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.

(Registered agent's signature)

Steven J. Schermer

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

. A. DIRECTORS				
☐ Chairman	Name:	□ Chairman	Name:	
- □Vice Chairman	Address: 1000 Venetian Way, #2202	✓ □Vice Chairman	Address:	
☐Director	Miam, Florida 33139	Director		
President		□ President		
□Vice President		□Vice President		
Socretary	Treasurer	☐ Secretary	OTreasurer	
□ Other	Other	□Other		
Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director		Director		
☐ President		President		
□Vice President		☐ Vice President		
Societary	□Treasurer	☐Secretary	OTreasurer	
Other	□Other	□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	
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 Storida Department of State Annual Report form.  12.  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				
she is aware that false s.817.155, F.S.	e information submitted in a document to the De	epartment of State constitute	es a third degree felony as provided for in	
13. Leonard Dugo	resident			

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

DELAWARE, DO HEREBY CERTIFY "DIGITAL ASSET SHARING HUB, 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 TWENTY-SEVENTH DAY OF MAY,

A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIGITAL ASSET SHARING HUB, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MAY, A.D. 2021.

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

e at corp.delaware.gov/aut

Authentication: 203543201

Date: 05-27-22