F00000460/

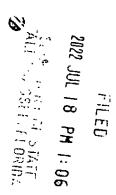
(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(CC	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

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T. LEMIEUX

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COVER LETTER

	stration Section					
	Chainalysis In					
SOBJECT.		Name of co	rporation -	- must include suffix		
Dear Sir or M	ladam:					
"Certificate o	f Existence," o		ood Stand	Authorization to Transacling" and check are subns in Florida.		
Please return	all corresponde	ence concerning th	is matter	to the following:		
Owen William	ıs					
			Name of P	erson		
Chainalysis In	c.					
			`irm/Comp	pany		
401 9th Street.	6th Floor					
-			Addres	SS		
Washington, [OC 20004					
		Cit	y/State an	d Zip code		
owen.williams	@chainalysis.co					
	Θ	-mail address: (to	be used fo	or future annual report no	otification)	
For further in	formation cond	erning this matter	, please ca	ill:		
Owen William	ıs	at (410	952-4379	952-4379	
Nam	e of Person		Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	neck payable to:	ollowing amount: FLORIDA DEPAI \$78.75 Filing Fe Certificate of Sta	RTMENT e & □	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

under the law of which it is incorporated.

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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	'ION,"	
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transa	acting business in Florida)	
Delaware	3.	-3784443		
(State or countr	y under the law of which it is incorporated)	(FEI number, i	f applicable)	
4/20/2015	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
February 1, 202	2			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
114 5th Avenue,	18th Floor, New York, NY 10011			
	(Principal office	street address)	· · · · · · · · · · · · · · · · · · ·	
	•			
N/A				
N/A	(Current mailing a	address, if different)		
N/A	(Current mailing a	address, if different)		
	(Current mailing a		6 7	
			2022 JL	
Name and stree	et address of Florida registered agent: (P.O. I		2022 JUL 18	
Name and stree	et address of Florida registered agent: (P.O. I Michael Gronager	Box NOT acceptable)	PILED 2022 JUL 18 PH	
Name and stree	et address of Florida registered agent: (P.O. I Michael Gronager WeWork, 429 Lenox Avenue	3ox <u>NOT</u> acceptable) 	FILED 2022 JUL 18 PM 1	
Name and <u>stree</u> Name: ffice Address:	et address of Florida registered agent: (P.O. I Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City)	30x <u>NOT</u> acceptable) Florida	FILED 2022 JUL 18 PM 1: 06 FAIT ASSET FLORID 2022 JUL 18 PM 1: 06	
Name and stree Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. I Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City)	Box NOT acceptable)	D H I: 06	
Name and stree Name: ffice Address: Registered agraving been nam	et address of Florida registered agent: (P.O. I Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City)	Box NOT_acceptable) Florida 33139 (Zip code) of process for the above sta	PH 1: 06 RID or partial of the place	
Name and stree Name: ffice Address: Registered agaving been namesignated in this	Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City) ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment fromply with the provisions of all statutes relations.	Box NOT acceptable) Florida 33139 (Zip code) of process for the above states registered agent and cative to the proper and comp	THE OF THE OF THE OF THE OFFICE AND THE PLACE AND THE PLAC	
Name and stree Name: ffice Address: Registered agaving been namesignated in this	Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment	Box NOT acceptable) Florida 33139 (Zip code) of process for the above states registered agent and cative to the proper and comp	THE OF THE OF THE OF THE OFFICE AND THE PLACE AND THE PLAC	
Name and street Name: ffice Address: Registered agraving been names ignated in this arther agree to commerce to	Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relative with and accept the obligations of my positive with and accept the obligations of my positive and accept the obligations of my positive accept the accept the obligations of my positive accept the	Box NOT acceptable)	THE OF THE OF THE OF THE OFFICE AND THE PLACE AND THE PLAC	
Name and street Name: ffice Address: Registered agraving been names ignated in this arther agree to commerce to	Michael Gronager WeWork, 429 Lenox Avenue Miami Beach (City) ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment fromply with the provisions of all statutes relations.	Box NOT acceptable)	THE OF THE OF THE OF THE OFFICE AND THE PLACE AND THE PLAC	

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

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

DocuSign Envelope ID: D4E02487-8728-4F69-98B7-7418C41D127D

Address:	□Vice Chairman	clo Chainalysis Inc
	U vice Channan	c/o Chainalysis Inc.
114 Jul Avenue, tour ricor	Director	114 5th Avenue, 18th Floor
New York, NY 10011	□President	New York, NY 10011
	□Vice President	
□Treasurer	☐ Secretary	□Treasurer
Other	Other CSO	Other
Philippe Botteri Name:	□Chairman	Lee Fixel Name:
	□Vice Chairman	c/o Chainalysis Inc.
114 5th Avenue, 18th Floor	Director	114.5th Avenue, 18th Floor
New York, NY 10011	□President	New York, NY 10011
	□Vice President	
□Treasurer	☐ Secretary	Treasurer
Other	□Other	Other
Sarah Tavel	□ Chairman	Sarah Ward
		c/o Chainalysis Inc.
114 5th Avenue, 18th Floor		114 5th Avenue, 18th Floor
New York, NY 10011	□President	New York, NY 10011
	□Vice President	
□Treasurer	Secretary	□Treasurer
Other	Other General C	Counsel
se an attachment to report more than six (6). The attackded to the index when filing your Florida Department	chment will be image of State Annual Re	d for reporting purposes only. Non-indexed eport form.
	Cother C	CSO CSO

Sarah Ward, General Counsel and Secretary

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

s.817.155, F.S.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CHAINALYSIS 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 SIXTEENTH DAY OF JUNE, 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 "CHAINALYSIS INC." WAS INCORPORATED ON THE TWENTIETH DAY OF APRIL, A.D. 2015.

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

Authentication: 203695851

Date: 06-16-22