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(Requestor's Name)					
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Certified Copies	Certificates	of Status			
Special Instructions to	Filina Officer:	 _			
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COVER LETTER

TO:	Registration Section Division of Corpo				
SUBJ	ECT: UNICOIN IN	₹C.			
		Name of corpo	ration - n	nust include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existence."	by Foreign Corporation "Certificate of Goo orporation to transact b	d Standin	g" and check are sub	et Business in Florida." mitted to register the
Please	return all correspon	dence concerning this	matter to	the following:	
EDUA	RDO SERRANO, ES	Q.			
	1	Nai	ne of Per	son	
		Firm	ı/Compai	ny.	
777 BR	RICKELL AVENUE.	SUITE 500			
			Address		
MIAM	I. FLORIDA 33131				
		City/S	State and 2	Zip code	
e.serrar	no@unicoin.com				
		E-mail address: (to be	used for f	uture annual report n	notification)
For fur	ther information co	ncerning this matter, pl	ease call:		
Eduard	o Serrano	305 at ()) 801-8887 Daytime Telephone Number	
	Name of Person	Are	a Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please 1		following amount: b: FLORIDA DEPART: S78.75 Filing Fee & Certificate of Status	□ \$7	STATE 78.75 Filing Fee & ertified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPÉICATION 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 a	dopted for the purpose of transacting b	ousiness in Florida)
DELAWARE	47-4360035		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
June 22, 2015	5.		
(Date of incorporation) 5		(Date of duration, if other than perpetual)	
·	20		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		1
228 Park Ave So	uth 16065, New York, NY 10003		
	(Principal office	street address)	
	(Current mailing	address, if different)	
Name and stree	(Current mailing et address of Florida registered agent: (P.O.		2024
Name and street			
Name:	et address of Florida registered agent: (P.O.		2024 AT 1.1
	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue, Suite 500	Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue, Suite 500	Box <u>NOT</u> acceptable)	- :
Name: ffice Address:	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue, Suite 500 Miami (City)		
Name: ffice Address: Registered ag	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue. Suite 500 Miami (City)	Box <u>NOT</u> acceptable), Florida 33131(Zip code)	11 13 3: 17
Name: ffice Address: Registered agaring been name	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue. Suite 500 Miami (City) ent's acceptance: sed as registered agent and to accept service	Box NOT acceptable) , Florida 33131, Zip code) of process for the above stated c	= : \(\text{\tint{\text{\te}\text{\texi}\text{\text{\tett{\text{\text{\text{\text{\text{\\ \texi}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
Name: ffice Address: Registered agiving been namesignated in this arther agree to c	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue. Suite 500 Miami (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes recommendation.	Box NOT acceptable) , Florida 33131, Zip code) of process for the above stated cont as registered agent and agree ative to the proper and complete parts.	ြ မ orporation at the pl to act in this capaci
Name: ffice Address: Registered agaving been namesignated in this orther agree to c	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue. Suite 500 Miami (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 33131, Zip code) of process for the above stated cont as registered agent and agree ative to the proper and complete parts.	ြ မ orporation at the pl to act in this capaci
Name: ffice Address: Registered aglaving been namesignated in this arther agree to c	et address of Florida registered agent: (P.O. Eduardo Serrano, Esq. 777 Brickell Avenue. Suite 500 Miami (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes recommendation.	Box NOT acceptable) , Florida 33131, Zip code) of process for the above stated cont as registered agent and agree ative to the proper and complete parts.	ြ မ orporation at the pl to act in this capaci

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	÷			
Chairman	Chairman Name: Alex Konanykhin		Name:Diaz	
□Vice Chairman	Address:18201 Collins Ave. Apt 4806	□Vice Chairman	Address: 2315 Westbridge Lane	
Director	Sunny Isles Beach, FL 33160-5154	Director	Pleasanton, CA 94566	
□President		□President		
□ Vice President		□ Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other	Other	Other	Other	
☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Pilar Manchon Name: 1718 Fremont Ave. Address: Los Altos, CA 94024. □Treasurer □Other	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Name:Address:	
□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		
individuals may be live to 12	Use an attachment to report more than six (6). The allied to the index when filing your Florida Depostatus. Signature of Director signing this document (and who is listed in malse information submitted in a document to the Danykhin CEO	artment of State Annual Re ctor or Officer umber 11 above) affirms th	port form. at the facts stated herein are true and that he of	
13	> CEO			





Page 1

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

DELAWARE, DO HEREBY CERTIFY "UNICOIN 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 EIGHTH DAY OF APRIL, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNICOIN INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2015.

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

Authentication: 203199687

Date: 04-08-24