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Florida Department of State
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To:
        Division of Corporations
        Fax Number      : (850)617-6381

From:

        Account Name    : HUBCO
        Account Number  : 104662003400
        Phone           : (516)935-3940
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```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

CRYPTOVENTURELAB@GMAIL.COM

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CRYPTO VENTURE LAB LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CRYPTO VENTURE LAB LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6923 STONESTHROW CIR N
UNIT 4206
ST PETERSBURG, FL 33710

Mailing Address:

6923 STONESTHROW CIR N
UNIT 4206
ST PETERSBURG, FL 33710

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JASON ROBERTS
_____
Name

6923 STONESTHROW CIR N, UNIT 4206
_____
Florida street address (P.O. Box **NOT** acceptable)

ST PETERSBURG   FL   33710
_____
City   Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)
JASON ROBERTS

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability   Company:

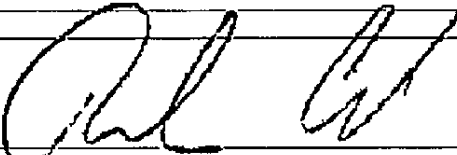| **Title:**	**Name and Address:**
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	RALPH CRISTELLO
	20 LONG MEADOW RD
	COMMACK, NY 11725

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
I am aware that any 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.)

RALPH CRISTELLO
Typed or printed name of signee

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