5/11/2021

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

Phone : (307)200-2803

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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.

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FLORIDA LIMITED LIABILITY CO. Crypto Storm LLC

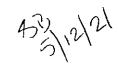
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	y Company is:		
Crypto Storm LL	.C		
(Must conta	in the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
	dress of the principal office of the	Limited Liability Company is:	
v	· ·		
<u>Principa</u>	<u>ll Office Address</u> :	Mailing Address:	
7901 4th St N		7901 4th St N	
STE 300		STE 300	
St. Petersburg,	FL 33702	St. Petersburg, FL 33702	
(The Limited Liability Company another business entity with an a		d Agent. You must designate an individual or	
	Northwest Registered Agent, L	ıc	
Name			
	7901 4th ST N STE 300		
	Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
	St Patarchurg El 33702		

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

PILES

21 MAY 11 PH 5: 17

SECRETARY 15 CHAIN

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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	Elena Volskaja
AMBR	
	7901 4th St.N STE 300 St. Petersburg, FL 33702
	St. Feleisburg, FL 35702
AMBR	Ruslan Tolkachev
	7901 4th St N STE 300
	St. Petersburg, FL 33702
	31 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
	
	
(Use attachment if necessary)	
•	
ARTICLE V: Effective date, if other than the	e 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.)	
	not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICES VI. One: provisions, in any.	
<u>REOUIRED</u> SIGNATURE:	
Morgan Ostle	
Ganatura al	f a member or an authorized representative of a member.
This document is a	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	y 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.
Morgan	Noble
Morgan	Typod or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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