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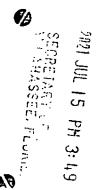
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Special Instructions to Filing Officer:
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Corporation Name & Document Number, (if I	· · · · · · · · · · · · · · · · · · ·
Charity Crypto Advisors, LLC.     (Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each page)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTIL )Country	Other
	EXAMINER'S INITIALS:

no X-copy

# COVER LETTER

	ew Filing Sectivision of Cor				
SUBJECT		pto Advisors, LLC			
SUBJECT	•	Name of L	mited Liab	ility Company	<del></del>
The enclose	ed Articles of	Organization and fee(s) a	re submitte	d for filing.	
Please retur	m all correspo	ondence concerning this n	natter to the	following:	
	Tom Nangle				
			Name o	f Person	
	Charity Cryp	to Advisors, LLC			
			Firm/C	ompany	
	3801 SW Bir	mini Circle N			
			Ado	Iress	<del></del>
	Palm City, F	lorida 34990			
			City/State a	nd Zip Code	
<u>i</u> -		ryptoadvisors.com E-mail address: (to be use	d for future	annual report notificati	on)
For further in		ncerning this matter, plea			,
	Tom Nangle		772	202-2001	
•	Nam		Area Code	Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:			
\$\$ 125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section on of Corporations ox 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETALLY OF STATE TALLALIANGEE, FL

Charity Crypto Advisors, LLC

(Must contain 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:

Mailing Address:
3801 SW Bimini Circle N
Palm City, Florida 34990

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:

Tom Nangle		
	Name	
3801 SW Bimini Cir	cle aN	
Florida street addres	s (P.O. Box NOT acc	ceptable)
Palm City	Florida	34990_
City	State	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)

(CONTINUED)

## ARTICLE IV-

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

Title:		Name and Address:
	horized Member	
"MGR" = Man	iger	
MGR		Tom Nangle
		3801 SW bimini Circle N Palm City, Florida 34990
		Tain City, Horida 54550
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n effective date is list late of filing.) e: If the date inserte document's effective	ted, the date must be specifed in this block does not mee adate on the Department of S	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after  t the applicable statutory filing requirements, this date will not be listed a  State's records.
FICLE VI: Other pro	visions, ii any.	
REOUIRED S	IGNATURE:	
-	This document is executed	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
	Tom Nangle	Typed 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)