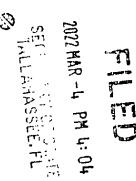
# L22000090265

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
P WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certificates of Status					
Special Instructions to Filing Officer:					
<u>:</u>					

Office Use Only



200382436202



RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 526703 7456992
AUTHORIZATION: Spullale man
COST LIMIT : \$ 125.00
ORDER DATE: March 3, 2022
ORDER TIME : 8:27 AM
ORDER NO. : 526703-005
CUSTOMER NO: 7456992
DOMESTIC FILING
NAME: PBC CRYPTO LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

## COVER LETTER

TO: New Filing Division of	Section Corporations			
SUBJECT: PBC C	RYPTO LLC			
30b32C1.	Name of Li	imited Liabi	lity Company	
The enclosed Article	s of Organization and fee(s) a	ire submitted	I for filing.	
Please return all corr	espondence concerning this n	natter to the	following:	
Kathy D	arden			
		Name of	Person	<del>-</del>
Polsinell	i PC			
<del></del>	-	Firm/Co	ompany	
150 N. R	tiverside Plaza, Suite 3000			
		Addı	ress	
Chicago	. IL 60601			
ledands» G		City/State ar	nd Zip Code	
Kdarden@	polsinelli.com  E-mail address: (to be use	d for future	annual report notificati	on)
or further information	n concerning this matter, plea		·	
Kathy Da		312	463-6381	
3			Daytime Telephone	e Number
Enclosed is a check t	or the following amount:			
	c □\$130.00 Filing Fee & Certificate of Status	Certifi	i5.00 Filing Fee & ied Copy all copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ne Dir P.C	w Filing Address w Filing Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	issee et, Suite 810

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PBC CRYPTO LLC	Linking Company of L.C. "South C.")
(Must conatin the words - Limited	Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1331 Daighall Day Daire	1331 Brickell Bay Drive
1331 Brickell Bay Drive	
Apt. 3101	Apt. 3101

Corporation Service Company

Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

TatlahasseeFL32301CityStateZip

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..

Corporation Service Company

lexus Weiterd, assistant va president

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SEI ALLAHASSEE, FLE

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Auth	<u>Name and Address:</u> horized Member	
"MGR" = Mana		
Manager	Scott Sherman	
	1331 Brickell Bay Drive, Apt. 3101	
	Miami, Fl. 33130	
-		
(Use attachment	•	
ARTICLE V: Effective d	ate, if other than the date of filing:	
(II an effective date is list the date of filing.)	ed, the date must be specific and cannot be more than five business days prior to or 90 days at	ier
	f in this block does not meet the applicable statutory filing requirements, this date will not be liste	d a
	date on the Department of State's records.	
	·	
ARTICLE VI: Other prov	isions, if any.	
<u></u>		
<u> </u>		
REQUIRED SI	GNATURE:	
	M	
	Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
]	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.	
	<b>9</b>	
	Scott Sherman Typed or printed name of signee	
	r yped or printed name or signee	
	P216 - P2	

as

#### 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)