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 : COMPUTERSHARE Account Number: 110432003053 : (561)694-8107 : (561)214-8442 Fax Number

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. **Bitwise Holdings LLC**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | r. i – Name | 1 | .t. | Ł | ٤. | 11 | к | :1 |
|------------------|-------------|---|-----|---|----|----|---|----|
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The name of the Limited Liability Company is:

Bitwise Holdings 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:

Principal Office Address:

Mailing Address:

55 S 9th st Unit 2803 Miami, FL 33130 55 S 9th st Unit 2803 Miami, FL 33130

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:

Corporate Creations Network Inc.

Name

801 US Highway 1

Florida street address (P.O. Box NOT acceptable)

North Palm Beach

F١

33408

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.

Loudelend

Lauren Underwood, Special Secretary

Registered Agent's Signature (REQUIRED)

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| Authorized Member | Fernando Hernandez Salgado 55 S 9th st Unit 2803 Miami, FL 33130 |
| Authorized Person | Christine Concepcion 201 South Biscayne Boulevard, Suite 2800 Miami, Florida 33131 |
| · | |
| | |
| (Use attachment if necessary) | |
| (If an effective date is listed, the date must be sp the date of filing.) | of filing: |
| ARTICLE VI: Other provisions, if any, | |
| REOUIRED SIGNATURE: | Wile |

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.

Fernando Hernandez Salgado, Authorized Person, By: Lauren Underwood, Attorney-in-Fact
Typed or printed name of signce

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)