7130000614

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer;
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W17-95494

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DEC 15 2017

Y SULKER

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December 1, 2017

LAW OFFICES MICHAEL LAPAT 3300 UNIVERSITY DRIVE STE 311 CORAL SPRINGS, FL 33065 US

SUBJECT: COINFLASH, LLC Ref. Number: W17000095494

We have received your document for COINFLASH, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00024307

COVER LETTER

TO:

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TO:		tration Section on of Corporation	ns				
SUBJEC	_	COINFLASH, LLC					
50001.	C	Name of Limited Liability Company					
						ansact Business in Florida," y company to transact busin	
Please re	eturn al	Il correspondence o	concerning this matter to the	following:			
		MICHAEL LA	PAT				
			N	ame of Person			
		LAW OFFICE	OF MICHAEL LAPAT				
			F	irm/Company			
		3300 UNIVER	SITY DRIVE SUITE 311				
				Address			
		CORAL SPRIN	NGS FL, 33065				
			City/S	State and Zip Code			
		VANESSAP@T	URNKEYHEDGEFUNDS.	СОМ			
			E-mail address: (to be use	d for future annua	l report not	tification)	
For furth	ner info	rmation concernin	g this matter, please call:				
	MIC)	HAEL LAPAT		954 at (345644	12	
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
	Division Regist P.O. B	ANG ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle see, FL 32301	
		neck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

_.` APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

, IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(16		ss in Florida. The alternate name must include "Limited Lia	Life Comment 1 C f and 1 C ft
	te name adopted for the purpose of transacting busines		ounty Company, D.L.C. or LLC.)
2. DELAWARE	f which foreign lumited liability company is organized	3. 82-2626288 (FF1 month)	per, if applicable)
Is in section breef the law o	mach follows makes madely conquery to again to	, (133.133.1	and a special of
4			
	(Date first transacted business in Florida, if (See sections 605 0904 & 605,0905, F.S. to	prior to registration.) o determine penalty liability)	
5. 820 CHURCH ST F	L 2	6. 3300 UNIVERSITY DR S	UITE 311
	of Principal Office)	(Mailing Add	ress)
EVANSTON, IL 60.	201	CORAL SPRINGS, FL 330	065
7. Name and street add Name:	ress of Florida registered agent: (P.O		
Office Address	3300 UNIVERSITY DR SUITE		
	CORAL SPRINGS	, Florida 33065	
			 ,
designated in this appli	registered agent and to accept service cation, I hereby accept the appointm	ce of process for the above stated limited nent as registered agent and agree to act	liability companent the place in this capacity. Hurther agre
Having been named as designated in this applito comply with the prov	eptance: registered agent and to accept servic cation, I hereby accept the appointm	ce of process for the above stated limited nent as registered agent and agree to act proper and complete performance of my	liability companent the place in this capacity. Hurther agre
Having been named as designated in this applite to comply with the provand accept the obligation	eptance: registered agent and to accept service cation, I hereby accept the appointmisions of all statutes relative to the pons of my position as registered agen (Registered apacity and address of the person(s) w	ce of process for the above stated limited nent as registered agent and agree to act proper and complete performance of my	liability companent the place in this capacity. Hurther agre
Having been named as designated in this applite to comply with the provand accept the obligation. 8. The name, title or care	eptance: registered agent and to accept service cation, I hereby accept the appointmissions of all statutes relative to the pons of my position as registered agen (Registered apacity and address of the person(s) was and Address:	ce of process for the above stated limited ment as registered agent and agree to act proper and complete performance of my matter agent's knature) who has/have authority to manage is/are:	liability companent the place in this capacity. Further agre duties, and Lam familiar with
Having been named as designated in this applite to comply with the provand accept the obligation. 8. The name, title or can accept the or Capacity:	eptance: registered agent and to accept service cation, I hereby accept the appointmisions of all statutes relative to the pons of my position as registered agen (Registered apacity and address of the person(s) w	ce of process for the above stated limited ment as registered agent and agree to act proper and complete performance of my managemi's (knature) who has/have authority to manage is/are: Title or Capacity:	liability companent the place in this capacity. Further agre duties, and Lam familiar with
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Having been named as designated in this applite to comply with the provand accept the obligation. 8. The name, title or can accept the or Capacity: MANAGER	registered agent and to accept service cation, I hereby accept the appointmissions of all statutes relative to the point of my position as registered agent (Registered agent) apacity and address of the person(s) was Name and Address: LOUIS LAPAT 820 CHURCH ST FL 2 EVANSTON, IL 60201	ce of process for the above stated limited ment as registered agent and agree to act proper and complete performance of my managemi's (knature) who has/have authority to manage is/are: Title or Capacity:	liability companent the place in this capacity. Further agre duties, and Lam familiar with
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Having been named as designated in this applit to comply with the provand accept the obligation. 8. The name, title or can accept the or Capacity: MANAGER (Use attachments if necessary). 9. Attached is a certification.	eptance: registered agent and to accept service cation, I hereby accept the appointmissions of all statutes relative to the point of my position as registered agent and address of the person(s) where we will be a served and address of the person(s) where we will be a served and address of the person(s) where and Address: LOUIS LAPAT 820 CHURCH ST FL 2 EVANSTON, IL 60201 essary) set of existence, no more than 90 days we of which it is organized. (If the certain section is considered.)	ce of process for the above stated limited ment as registered agent and agree to act proper and complete performance of my managemi's (knature) who has/have authority to manage is/are: Title or Capacity:	liability companies the place in this capacity. Further agreduties, and Lam familiar with Name and Address:

Typed or printed name of signee

File Number

0649587-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

COINFLASH, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 28, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE. AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of DECEMBER A.D. 2017.

Authentication #: 1734102440 verifiable until 12/07/2018
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE