

11800001811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

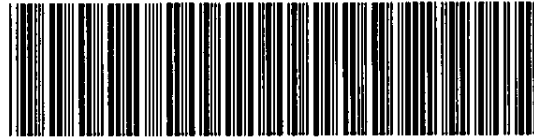
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

penalty 11817345

Office Use Only



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FILED

18 FEB 20 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 FEB 20 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

FEB 21 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2018

CT CORP

SUBJECT: GEMINI EXCHANG, LLC  
Ref. Number: W18000017345

*Corrected  
Please allow for  
material fee date  
and return  
a cert.  
copy*

We have received your document for GEMINI EXCHANG, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$916.25.

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

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 918A00003568

RECEIVED  
2018 FEB 21 AM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724



**Date:** 2/20/2018

Acc#120160000072



Name:	Gemini Trust Company, LLC
Document #:	
Order #:	10845857

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

 Filing:	 Certified:
	Plain:
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ ~~155~~ 1916.25

Total 1071.25

Thank you!

**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:*

1. Gemini Trust Company, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Gemini Exchange, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York 3. 47-5153145  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 8, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 30 W. 24th Street 4th Floor 6. 600 Third Avenue, 2nd Floor  
(Street Address of Principal Office) (Mailing Address)  
New York, NY 10010 New York, NY 10016

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: C T Corporation System Kristin Bolden  
(Registered agent's signature) Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Cameron Winklevoss</u> <u>30 W. 24th Street 4th Fl</u> <u>New York, NY 10010</u>	<u>CEO</u>	<u>Tyler Winklevoss</u> <u>30 W. 24th Street 4th Fl</u> <u>New York, NY 10010</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Cameron Winklevoss  
Signature of an authorized person  
Cameron Winklevoss  
Typed or printed name of signer

**State of New York**  
**Department of State** } ss:

*I hereby certify, that GEMINI TRUST COMPANY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/02/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 17th day of January  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201801180205 \* EZ