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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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M. MILLIGAN APR 1 0 2018

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: US Big Coin LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
John Nehmatallah Name of Person
Name of Person
US Big Coin LCC Firm/Company
Firm/Company
多3700 34th Street Suite 302 Address
Address
Orlando Flurida 32805 City/State and Zip Code
·
john e lite capitale quail. (on E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Nehmetallah at (407) 488-2767 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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:

(Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine ponalty hability) 5. 3700 34th Street 6. 3 (Street Address of Principal Office) Suite 302 Orlands Florida 72805 7. Name and street address of Florida registered agent: (P.O. Box NOT accept Name: Harold Uhriy. Office Address: 3700 34th Street Suite Orlands Florida (Cay) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the designated in this application, I hereby accept the appointment as registered to comply with the provisions of all statutes relative to the proper and complete and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have autho	e name trust include "Limited Lishi 3 2 - 43 2 3 1 (FEI number	
2. (Auracherioa hader the law of which foreign limited liability company is organized) 4. (Due first transacted business in Florida, if prior to registration). (See sections 603.0904 & 603.0903, F.S. to determine poundly liability. (See sections 603.0904 & 603.0903, F.S. to determine poundly liability. (See sections 603.0904 & 603.0903, F.S. to determine poundly liability. (See Address of Principal Office) 5. 27. (See Address of Principal Office) 5. 27. (See Address of Principal Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT accept Name: 1. (Cary) 7. Name and street address: 3700 344 Street Suite 1. (Cary) Registered agent's acceptance: 1. (Cary) Registered agent's acceptance: 1. (Cary) Registered agent as registered agent and to accept service of process for the designated in this application, I hereby accept the appointment as registered agent to comply with the provisions of all statutes relative to the proper and complete and accept the obligations of my position as registered agent. 1. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authon Title or Capacity: 1. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authon Title or Capacity: 1. (August 1.		ity Company " "I. I. C " or "I. I. C ")
(Our first transacted business in Florida, if prior to registrations) (See sections 603,0904 & 603,0905, F.S. to determine penalty habitary (Street Address of Principal Office) Suite 302 Orlands Florida 22805 7. Name and street address of Florida registered agent: (P.O. Box NOT accept Name: Harold Uhrig. Office Address: 3700 344 Street Suite Orlands Florida (Cap) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the designated in this application. I hereby accept the appointment as registered at to comply with the provisions of all statutes relative to the proper and complete and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authon Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Other Street Suite 302. Orlands Florida is a foreign of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b). Florida for the results of the person of the translator must be submitted)		
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	icated by the official havi	ng custody of records in the
Signature of an authorized pe	ign language, a translation	n of the certificate under oath
John Nehmatallah	rida Statutes. I am aware to lony as provided for in s.8	n of the certificate under oath

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

1, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

USBIGCOIN LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 2, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000787524**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of April, 2018 at 2:53 PM. This certificate is assigned 026118222.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.