## M18000003759

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
certinan	W18-2	2013

Office Use Only



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SECRETARY OF STATE
ALLAUXS SEEL ELORIDA

APR 1 8 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2018

JEREMY SALSBURG 251 ROYAL PALM WAY, STE 220 PALM BEACH, FL 33480

SUBJECT: CRYPTO TRADE LLC Ref. Number: W18000020773 -> Atrination Name: CTrader LLC RECEIVED
2018 APR 16 PH 12: 1,7
DIVISION OF CORPUNAL TO THE PROPERTY OF STATE OF STA

We have received your document for CRYPTO TRADE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L17000262824.

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.

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

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

Letter Number: 618A00004335

## **COVER LETTER**

TO:

Registration Section

Div	rision of Corporation	18				
SUBJECT:	CryptoTrader LLC					
		Name of	Limited Liability (	Company		
		reign Limited Liability Comp d to register the above refero				
Please return	all correspondence of	concerning this matter to the	following:			
	Jeremy Salsbur	g				
		N.	ame of Person			
	CryptoTrader L	LC				
		Fi	rm/Company			
	251 Royal Paln	n Way Ste 220				
	<del></del>		Address			
	Palm Beach, FI	. 33480				
		City/S	tate and Zip Code	=		
	salsburg@hotma	il.com				
		E-mail address: (to be used	for future annual	report not	ification)	•
For further in	nformation concernin	g this matter, please call:				
Jero	emy Salsburg		561 at (	948-34	14	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: vision of Corporations eistration Section b. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
	i check for the follow 6125.00 Filing Fee	ing amount:  ☐ \$130,00 Filing Fee &  Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Co	

## 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:

(Name of Foreign	LLC						
	ame adopted for the purpose of transacting busin-	ess in Florida. The a	Itemate name must include "Limited I	iability Co	nnpany," "L	.L.C," or	"LLC.")
Delaware		3	87~404011	٩			
	nich foreign limited liability company is organized	<u>d)</u>	82~4040119	mber, if ap	oplicable)		
No business transacted	yet						
<u>.</u>	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S.)	f prior to registration	i.) liability)		<u>-</u> - د	ᇏ	
251 Royal Palm Way,		• •	251 Royal Palm Way, Su	ite 220	产品	w	
(Street Address of I	rincipal Office)	0.	(Mailing A	ddress)	<del>= 11</del>	<del>\$</del>	1.1
Palm Beach, FL 33480	)		Palm Beach, FL 33480		S 1:		
			<u> </u>		rin	•	
Name and street addres	s of Florida registered agent: (P.C	O. Box <u>NOT</u> a	acceptable)		ELORIU.	AH 12: 2	<b>©</b>
Name:	Jeremy Salsburg	_	<del></del>			7	
Office Address:	251 Royal Palm Way, Suite 220						
	Palm Beach		33480				
			Florida 33480 (Zip c		_		
ving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept servition, I hereby accept the appoints one of all statutes relative to the s of my position as registered age	ment as registo proper and co	for the above stated limite ered agent and agree to ac	ed liabi ct in thu	is capaci	ty. If	urther
ving been named as re signated in this applica comply with the provisi	tance: gistered agent and to accept servition, I hereby accept the appoints one of all statutes relative to the solution as registered age	ment as registe proper and co	for the above stated limite ered agent and agree to ac	ed liabi ct in thu	is capaci	ty. If	urther
signated in this applica comply with the provisi	tance: gistered agent and to accept servition, I hereby accept the appoints one of all statutes relative to the solution as registered age	ment as registo proper and co	for the above stated limite ered agent and agree to ac	ed liabi ct in thu	is capaci	ty. If	urther
ving been named as re ignated in this applica comply with the provisi d accept the obligation:	tance: gistered agent and to accept servition, I hereby accept the appoints one of all statutes relative to the solution as registered age	ment as registe proper and co jut. d agend signature)	for the above stated limite ered agent and agree to a mplete performance of m	ed liabi ct in thi y duties	is capaci	ty. If	urther
ving been named as re ignated in this applica comply with the provisi I accept the obligation:	tance: gistered agent and to accept servition, I hereby accept the appoints one of all statutes relative to the points of my position as registered age	ment as register proper and constituted agent signature)	for the above stated limite ered agent and agree to a mplete performance of m	ed liabi ct in thi y duties	is capaci	ity. I fi am fan	urther viliar v
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wing been named as reignated in this application the provision of accept the obligations. The name, title or capatitle or Capacity:  Managing Member  Se attachments if necessattached is a certificate sdiction under the law	tance: gistered agent and to accept servition, I hereby accept the appointments of all statutes relative to the person of all statutes relative to the person of all statutes of the person of the per	d agend signature) who has/have :  te 220	for the above stated limits ered agent and agree to a mplete performance of manage is/are: tle or Capacity:	ed liabict in the y duties Na	is capaci s, and I d	Addre	ess:
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Typed or printed name of signee





I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CRYPTOTRADE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-NINTH DAY OF MARCH, A.D. 2018.

at corn delaware gov/au

Authentication: 202415016

Date: 03-29-18