

M18000007234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cert GCL47
W18-55307

Office Use Only



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06/08/18--01022--028 **125.00

2018 JUL 27 PM 4:40

B FIGUEROA
AUG 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2018

BRUCE MERINGOLO
850 NW FEDERAL HWY
STE 160
STUART, FL 34994

SUBJECT: CRYPTO BRIDGE NETWORK, LLC
Ref. Number: W18000055307

We have received your document for CRYPTO BRIDGE NETWORK, 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):

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 the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 418A00012342

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RECEIVED
2018 JUL 27 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

July 24, 2018

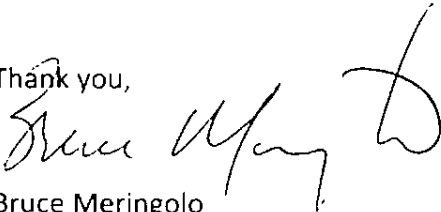
Ms. Brittany Figueroa
Regulatory Specialist
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Ms. Figueroa,

Enclosed is a copy of the Certificate of Good Standing from the State of Delaware along with foreign LLC registration. Please review and let me know if there are any additional requirements.

I can be reached via email at bruce@cryptobridgenetwork.com

Thank you,



Bruce Meringolo

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crypto Bridge Network, LLC

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:

Bruce Meringolo

Name of Person

Crypto Bridge Network LLC

Firm/Company

850 NW Federal Hwy, Suite 160

Address

Stuart, FL 34994

City/State and Zip Code

bruce@cryptobridgenetwork.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Meringolo

908

507-4611

at (_____) _____

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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. Crypto Bridge Network, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 3. 82-3058973
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 3/1/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 850 NW Federal Hwy 6. 850 NW Federal Hwy
(Street Address of Principal Office) (Mailing Address)
Suite 160
Stuart, FL 34994

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

Name: P. Scott Messina
Office Address: 850 NW Federal Hwy, Suite 160
Stuart, Florida 34994
(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.

P. Scott Messina
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
CEO	P. Scott Messina 850 NW Federal Hwy, Suite 160 Stuart, FL 34994	COO	Bruce Meringolo 850 NW Federal Hwy, Suite 160 Stuart, FL 34994

(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.817.135, F.S.

Bruce Meringolo
Signature of an authorized person

Bruce Meringolo


Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRYPTO BRIDGE NETWORK, 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-EIGHTH DAY OF JUNE, A.D. 2018.



Jeffrey W. Bullock, Secretary of State

6575703 8300

SR# 20185362007

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202977825

Date: 06-28-18