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COVER LETTER

MainChain SUBJECT:	Ventures, LLC	
	Name of Li	mited Liability Company
		ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida.
Please return all correspon	dence concerning this matter to the fo	ollowing:
Jeff Kel	ley	
	Nan	ne of Person
MainCh	ain Ventures, LLC	
	Fim	n/Company
722 S.	Blvd of Presidents, #101	
		Address
Saraso	ta, FL 34236	
	City/Stat	te and Zip Code
jeff@mai	nchainventures.com	
	E-mail address: (to be used t	for future annual report notification)
For further information co	ncerning this matter, please call:	
Jeff Kelley		202 709-6659
.	Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the ■ \$125.00 Filing	Fee ☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy 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:

(Name of Foreign	LLC Limited Liability Company; must include "L	imited Liabilit	y Company," "L.L.C.," or "LLC.")		-
If name unavailable, enter alternate n	name adopted for the purpose of transacting business	in Florida. The a	lternate name must include "Limited Lia	bibty Company," "L.L.C," or "LL	c.n
) Delaware		3.	82-4634153		_
	hich foreign limited liability company is organized)		(FEI num	ber, if applicable)	•
4	<u> </u>				
	(Date first transacted business in Florida, it professes sections 605 0904 & 605,0905, F.S. to d	letermine penalty	liability)		
1680 Fruitville Rd		6.	722 S. Blvd of President	s, #101	_
(Street Address of I	Principal Office)		(Mailing Add Sarasota, FL 34236	iress)	
Sarasota, FL 34236	<u></u>		Sarasota, 1 L 34200		- <u>0</u>
					- 56
7 - 3 t	on of Ulumida registered county (D.O.	Dov. NOT	accentable)	DCT	Ŝ.
. Name and street addres	ss of Florida registered agent: (P.O.	Bux NOT	acceptable)	-	35
Name:	Jeff Kelley		<u>-</u>	5	$- \odot^{\frac{1}{2}}$
Office Address:	1680 Fruitville Rd			70	
	Sarasota, FL 34236		, Florida 34236		
	(Cuy)		(Zip cor	de) 0	<u> </u>
	ions of all statutes relative to the pr s of my position as registered agent	roper and co	ered agent and agree to act emplete performance of my	duties, and I am famili	ner ug ar witi
	s of my position as registered agent	roper and co	emplete performance of my	duties, and I am famili	ner ug ar witi
and accept the obligation	s of my position as registered agent	roper and co	mplete performance of my	duties, and I am famili	ar with
8. The name, title or cap Title or Capacity:	acity and address of the person(s) when Name and Address:	roper and co	authority to manage is/are:	duties, and I am famili	ar with
and accept the obligation 8. The name, title or cap	(Resistered against a series of my position as registered against (Resistered against a series and address of the person(s) when the series of the person(s) when the series of the person(s) when the series of the	roper and co	authority to manage is/are:	duties, and I am famili	ar with
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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAINCHAIN VENTURES, 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 AUGUST, A.D. 2018.

Authentication: 203333054

Date: 08-29-18