

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 364416 8016973
AUTHORIZATION : *Signature*
COST LIMIT : \$ 125.00

ORDER DATE : July 23, 2020
ORDER TIME : 11:40 AM
ORDER NO. : 364416-005
CUSTOMER NO: 8016973

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUL 23 PM 4:51

FILED

FOREIGN FILINGS

NAME: CRYPTOBIT USA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CryptoBit USA, 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:

Brian White
Name of Person
CryptoBit USA, LLC
Firm/Company
2200 Gateway Centre Blvd, Suite 200
Address
Morrisville, NC 27560
City/State and Zip Code
brian@atmusa.com
E-mail address: (to be used for future annual report notification)

FILED
2020 JUL 23 PM 4:51
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

For further information concerning this matter, please call:

Brian White at (252) 305-1070
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. CryptoBit USA, 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. NC
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1534825
(FEI number, if applicable)

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

5. 2300 Gateway Centre Blvd
(Street Address of Principal Office)

6. Same
(Mailing Address)

suite 220

Morrisville, NC 27560

FILED
2020 JUL 23 PM 4:51
TALLAHASSEE FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:


<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:	Brian White	<input type="checkbox"/> Manager	Name:	Jason Roth
<input checked="" type="checkbox"/> Member	Address:	2200 Gateway Centre Blvd	<input type="checkbox"/> Member	Address:	2200 Gateway Centre Blvd
<input type="checkbox"/> Authorized		Suite 220	<input type="checkbox"/> Authorized		Suite 220
Person		Monroeville, NC 27560	Person		Monroeville, NC 27560
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	Hazel Lancaster	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	2200 Gateway Centre Blvd	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		Suite 220	<input type="checkbox"/> Authorized		
Person		Monroeville, NC 27560	Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input type="checkbox"/> Manager	Name:	Mitch Lancaster	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	2200 Gateway Centre Blvd	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		Suite 220	<input type="checkbox"/> Authorized		
Person		Monroeville, NC 27560	Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other		

FILED
 JUL 23 PM 4:51
 CLERK OF SUPERIOR COURT
 MONROE COUNTY, ALABAMA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



 Signature of an authorized person

 Member

 Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CRYPTOBIT USA, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 22nd day of June, 2020

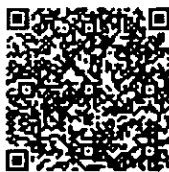
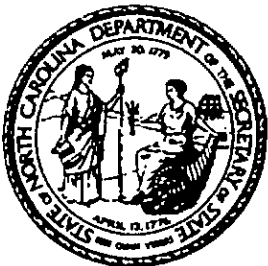
I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

2020 JUL 23 PM 4:51
FILED

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 23rd day of July, 2020.

Elaine F. Marshall

Secretary of State



Scan to verify online.