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## ~COVER LETTER 4

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10:	Registration Section Division of Corporations	•	<b>*</b> .

SUBJECT:	Digital Ventures Group LLC  Name of Limited Liability Company					
SUBJECT						
The enclosed Existence, at	I "Application by Foreign Limited Liability Ond check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to	o the following:				
	Frank Sacco					
	Name of Person					
	Digital Ventures Group LLC  Firm/Company:					
		Firm/Company				
	1200 South Pine Island Road	Firm/Company  Address  Address				
		Address F.O. W				
	Plantation, FL 33324  Address  Plantation FL 33324					
	C	ity/State and Zip Code				
	Frank@bitcoincryptoatm.com					
	E-mail address: (to be	used for future annual report notification)				
For further in	nformation concerning this matter, please cal					
Fra	nk Sacco	630 669-0899 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tal	llahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

'N 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:

Digital Ventures Group LLC.

finame unavailable, enter alternate a	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must	melide "Limited Liability	Company," "L	. L.C," or "f.
Illinois		84-2141279			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (Flif number, if applicable)			
08/27/2020				EAST STEE	2020 OCT
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	g(stration ) e penalty hability)			OCT
1200 South Pine Island	Road		ine Island Road	ASSE	2
reet Address of Principal Office)		6(Mahng Ad	dressi	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PX
Plantation, FL 33324		Plantation, Fl	_ 33324	STA STA	PM 3: 09
				OF A	<b>Q</b>
		····			
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	Business Filings Incorporated				
Office Address:	1200 South Pine Island Road	· <del></del>			
	Plantation	, Floric	33324 fa		
	(Cnv)	, ,	(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.

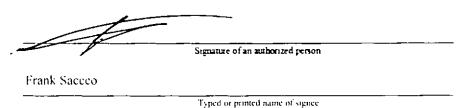
Brenning Hutter asst. Secretary

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Frank Saccco	∏Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	West Chicago. IL 60185	□Authorized	
Person	-	Person	
□Other	Other	□Other	Bothe B T
□Manager	Name:	□Manager	Name: ASE OF THE THE
□Member	Address:	□Member	Address: 27 Address: 20 Addres
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	
□Manager	Name:	□Manager	Name;
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		Other	Other

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. Lam 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.





## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DIGITAL VENTURES GROUP LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 17, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 25TH
day of SEPTEMBER A.D. 2020.

Authentication #: 2026902456 verifiable until 09/25/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE