## M2100001183

(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:				
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## COVER LETTER

TO:		istration Section sion of Corporations				
SURIE	: <b>(</b> -T)	Agility Trading LLC				
(76)1301	Name of Limited Liability Company					
			Company for Authorization to Transact Business in Florid eferenced foreign limited liability company to transact bu			
Please	return	all correspondence concerning this matter to	the following:			
	Morton Friedman					
			Name of Person	<del>-</del>		
	Agility Trading LLC					
			Firm/Company	_		
	10930 Lakemore Lane Suite 101					
	Address					
	Boca Raton, FL 33498					
	City/State and Zip Code					
		mf@agilitytrading.com				
		E-mail address: (to be	used for future annual report notification)	133		
For fur	ther in	formation concerning this matter, please call	l <del>:</del>	· ;		
	Morton Friedman		561 484-7321	. 25		
		Name of Contact Person	Area Code Daytime Telephone Number	_ :		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee	b: ! 7		
	1 211	ahassee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Pleas	osed is a check for the following amount: se make check payable to: FLORIDA DEP. 125.00 Filing Fee S130.00 Filing Fee Certificate of LESS 78.7	© & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee f Status Certified Copy of Status & Co 75 00CLY	ertified Copy		
		• =	THERROWOUS COMPONATE FILING.			

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liab	lity Company," "L.L.C," or "L.U.C
Delaware		85-4157805 3.	
(Jurisdiction under the law of w	high foreign limited liability company is organized)	3. (FEI number,	if applicable)
not yet			
	(Date first transacted business in Florida, if prior to 1 (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) ic penalty liability)	_
10930 Lakemore Lanc		10930 Lakemore Lane	
rect Address of Principal Office)		6. (Mailing Address)	
suite 101		suite 101	
boca raton, FL 33498		boca raton, FL 33498	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	503 503 503 503
Name:	Morton Friedman		 100 100
Office Address:	10930 Lakemore Lane suite 101		- 7 : 
	boca raton	33498 Florida	7
	(City)	(Zip code)	<del></del>
	(Gity) stance; egistered agent and to accept service of p stion, I hereby accept the appointment as	, Florida, Elorida, Elip code) rocess for the above stated limited lic	this capacity. I furth

(Registered agent's signature)

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]:

■ Manager Name: Eric Schreiber □Manager Name:   □ Member Address: □10930 Lakemore Lane □Member Address:   □ Authorized □Authorized □Authorized   Person □Other □Other □Other   □ Manager Name: □Manager Name:   □ Member Address: □Member Address:   □ Authorized □Authorized □Authorized   Person □Person □Other □Other   □ Other □Other □Other ○Other   □ Manager Name: □Manager Name: □Manager   □ Member Address: □Member Address: □Member	Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Authorized   Boca Raton, FL 33498   Person   Other   Other   Other   Other     Manager   Name:   Manager   Name:   Manager   Address:   Authorized   Authorized   Person   Person   Person   Other   Other	■Manager	Name: Eric Schreiber	□Manager	Name:	
Authorized   Boca Raton, FL 33498   Person     Other	□Member	Address: 10930 Lakemore Lane	□Member	Address:	
Person	□Authorized		□Authorized		
□ Manager         Name:         □ Other         <	Person		Person		
□ Member         Address:         □ Member         Address:           □ Authorized         □ Authorized           Person         □ Other	[]Other		□Other		□Other
	[]Manager	Name:	∏Manager	Name:	
Person         Person           □Other	□Member	Address:	□Member	Address:	
□Other         □Other         □Other         3           : ·         . ·         . ·           □Manager         Name:         . ·           □Manager         Name:         . ·	□Authorized		□Authorized		
Other	Person		Person		
□Manager Name: □ □Manager Name: □ □ □ Manager Name: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Other		Other		□Other 3
□ Manager Name: □ □ Nanager Name: □ □ · · · · · · · · · · · · · · · · ·					<u> </u>
$\cdot$	□Manager	Name:	□Manager	Name:	
· · · · · · · · · · · · · · · · · · ·	□Member	Address:	[]Member	Address:	•
Authorized Authorized	□Authorized		□Authorized		-
Person Person	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, 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.

DN	, 	
<del>.</del>	Signature of an authorized person	
Eric Schreiber		
<u> </u>	Typed or printed name of signee	

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AGILITY TRADING 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 FIFTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGILITY TRADING LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202296316

Date: 01-15-21