

Mail 0000002807

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 FEB 22 PM 3:07
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
SAN ANTONIO

US
3/13/21



February 18, 2021

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

Re: Currency Com US LLC, a Delaware limited liability company
Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

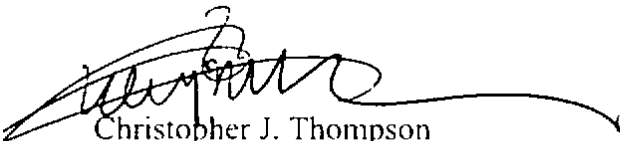
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2021 FEB 22 PM 07

Dear Sir or Madam,

On behalf of Currency Com US LLC, a Delaware limited liability company (the "Company"), enclosed please find (i) a duly completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Qualification Application"), (ii) a certificate of good standing of the Company dated as of February 18, 2021 and issued by the Secretary of State of the State of Delaware, and (iii) a check in the amount of \$130.00 in payment of the requisite filing fee.

If you have any questions regarding the Qualification Application or any of the other enclosed materials, please do not hesitate to contact me directly at (212) 390-1790 or cthompson@ketsal.com.

Sincerely,



Christopher J. Thompson
Senior Paralegal
Ketsal PLLC

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations
Currency Com US LLC

SUBJECT: _____
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:

Serhii Mokhniev

Name of Person
Currency Com US LLC

Firm/Company
315 Montgomery Street, 9th & 10th Floors

Address
San Francisco, CA 94104

City/State and Zip Code
serhii.mokhniev@currency.com

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

For further information concerning this matter, please call:

Serhii Mokhniev 415 875-5924

Name of Contact Person at () 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

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JS

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:

Currency Com US 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."

Delaware

35-2694653

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

315 Montgomery Street, 9th & 10th Floors

315 Montgomery Street, 9th & 10th Floors

(Street Address of Principal Office)

San Francisco, CA, 94104

6. (Mailing Address)

San Francisco, CA, 94104

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

Corporation Service Company

Name:

1201 Hays Street

Office Address:

Tallahassee

32301

(City)

, Florida

(Zip code)

Registered agent's acceptance:

I, 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.

Laurie Tolman Laurie Tolman - Asst Secy
(Registered agent's signature)

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STATE
OFFICE
TALLAHASSEE, FL

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

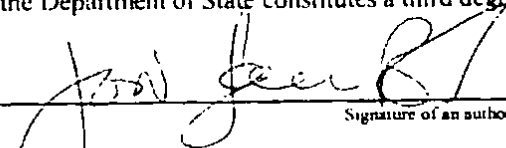
<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
Manager	Name:	Currency Com Limited		<input type="checkbox"/> Manager	Name:		
Member	Address:	Suite 23, Portland House,		<input type="checkbox"/> Member	Address:		
Authorized		Glacis Road, Gibraltar, GX11 1AA		<input type="checkbox"/> Authorized			
Person				Person			
Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Manager	Name:			<input type="checkbox"/> Manager	Name:		
Member	Address:			<input type="checkbox"/> Member	Address:		
Authorized				<input type="checkbox"/> Authorized			
Person				Person			
Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Manager	Name:			<input type="checkbox"/> Manager	Name:		
Member	Address:			<input type="checkbox"/> Member	Address:		
Authorized				<input type="checkbox"/> Authorized			
Person				Person			
Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Manager	Name:			<input type="checkbox"/> Manager	Name:		
Member	Address:			<input type="checkbox"/> Member	Address:		
Authorized				<input type="checkbox"/> Authorized			
Person				Person			
Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other		

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STATE

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

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 by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided 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
Jonathan Squires - Authorized person

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CURRENCY COM US 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CURRENCY COM US LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

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2021 FEB 22 PM 3:07
SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

7047566 8300

SR# 20210522566

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

Authentication: 202545117

Date: 02-18-21