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10.	Division of Corporations		25
	Fax Number : (850)617-6383	A.	2022 APR 24
From:		-	20
. , •	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081	TALL MINSSI	
	Phone : (307)200-2803	C)	-
	Fax Number : (855)330-1010	11	· .
**Enter an	the email address for this business entity to be used for nual report mailings. Enter only one email address please.	future **	Ē
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Liberatio Protocol LLC

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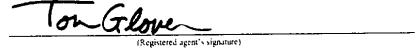
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Help

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: Liberatio Protocol LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name anavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lumited Liability Company," "LLC," or "LLC,") Chrisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7901 4th St N 6. 7901 4th St N (Street Address of Principal Office) **STE 300 STE 300** St. Petersburg FL 3370 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg 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.



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Jeffrey Wernik Name: ______ Manager Manager Address: 7901 4th St N STE 300 Member Address: Member St. Petersburg FL 33702 Authorized Authorized Person Person Other____ Other____ Other ___ Other_ Name: Daniel Bongino Manager | Manager 7901 4th St N STE 300 Address: Member **Member** St. Petersburg FL 33702 Authorized Authorized Person Person Other____ Other_____ Other____ Other Name: _____ Name: _____ Manager Address: Member Address: ______ Member Authorized Authorized Person Person Other____ Other_____ Other__ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Morgan Noble

Eyped or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "LIBERATIO PROTOCOL 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-SECOND DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIBERATIO"

PROTOCOL LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D.

2021.

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

Authentication: 203245267

Date: 04-22-22