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SEC. OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAY 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

Volatility Shares 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:

Justin Young

Name of Person

Volatility Shares LLC

Firm/Company

2000 PGA Blvd., Suite 4440

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

jyoung@volatilityshares.com

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

For further information concerning this matter, please call:

Justin Young

646

499-0917

at ()

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

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

**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:

Volatility Shares LLC

1. _____
(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 84-2794666

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

2000 PGA Blvd., Suite 4440

2000 PGA Blvd., Suite 4440

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Palm Beach Gardens

Palm Beach Gardens

FL 33408

FL 33408

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

Justin Young

Name: _____

2000 PGA Blvd., Suite 4440

Office Address: _____

Palm Beach Gardens

33408

(City)

_____, Florida _____
(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.

(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]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Justin Young
2000 PGA Blvd., Suite 4440
☐ Member Address: Palm Beach Gardens
☐ Authorized Person FL 33408
☐ Other ☐ Other

☒ Manager Name: Chang Kim
2000 PGA Blvd., Suite 4440
☐ Member Address: Palm Beach Gardens
☐ Authorized Person FL 33408
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Stuart Barton
2000 PGA Blvd., Suite 4440
☐ Member Address: Palm Beach Gardens
☐ Authorized Person FL 33408
☐ Other ☐ Other

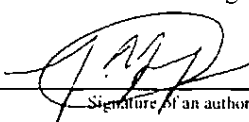
☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized Person
☐ 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.



Signature of an authorized person

Justin Young

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOLATILITY SHARES 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 NINETEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOLATILITY SHARES LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2019.

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



7531113 8300

SR# 20221514102

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203210804

Date: 04-19-22