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Account#: I20000000088

Date:(08/11/2022	
Name:	Greg Pintacuda	<u> </u>
Reference #:	1761692	
	CRYF	TOMUSIC, LLC
	s of Incorporation/Authorizat	
Ameno	dment	
Chang	e of Agent	
Reinsta	atement	
Conve	rsion	
☐ Merger	r	
Dissolu	ution/Withdrawal	
Fictition	us Name	
Other_		
Authorized An	mount:\$125	
Signature:	JAN.	

F: 800.944.6607

F: +B52.26B2.9790

COVER LETTER

TO:

Registration Section

Division	of Corporations						
SUBJECT.		Cry	ptomusi	c. LLC			
SUBJECT:		Name	of Limited	Liability (Company	 	_
The enclosed "Ap Existence, and ch	plication by Fore eck are submitted	ign Limited Liability C to register the above r	company for eferenced f	r Authoriza oreign limit	ition to Tra ted liability	nsact Business in Floric company to transact bu	la," Certificate of usiness in Florida.
Please return all o	orrespondence co	ncerning this matter to	the follow	ing:			
			Bobby E	kizian			
			Name of	Person			
		J &	R Adver	ntures LL	.C		_ _
			Firm/Co	mpany			
	·	1761 W	Hillsbord	Blvd, S	te 409		_
			Addı	ess			
		<u> </u>		h, FL 33			_
		Ci	ty/State an	d Zip Code			
_		-		entures.c			
		E-mail address: (to be	used for fu	ture annual	report noti	fication)	
For further inform	nation concerning	this matter, please call	:				
	Jorda	n Krant	at (_	732	_)	595-3116	
	Name of	Contact Person		Area Code	Dayı	time Telephone Numbe	Γ
Division Registra P.O. Box	of Corporations tion Section c 6327 see, FL 32314				Division of Registrati Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle see, FL 32301	
		e following amount: e to: FLORIDA DEPA	ARTMEN	Γ OF STA	TE		
	5.00 Filing Fee	\$130.00 Filing F Certificate o	ee & [☐ \$ 155.00	Filing Fee ed Copy		ng Fee, Certificate Certified Copy

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

(Name of Foreign Lir	nited Liability Company, mu	Cryptomusic, LL st include "Limited Liabilit	y Company," "L L.C	" or "(LC.")			-	
							_	
if name unavailable, enter alternate name	adopted for the purpose of transa	acting business in Florida. The a	temate name must include	e "Limited Liability C	Company," "L.L	.C," or "Ll	i.C.")	
D	elaware	3.		88-0810433 (FEI number, if applicable)				
(Jurisdiction under the law of which	i foreign lamited hability company	is organized)		(FEI number, if a	pplicable)			
·	(Date first transacted business (See sections 605 0904 & 605	in Florida, if prior to registration	.)	· · · · · · · · · · · · · · · · · · ·				
1761 W Hillsho	(See sections 605 0904 & 605) ro Blvd, Ste 409	0905, F.S. to determine penalty		Hillsboro Blv	vd. Ste 4	.0 9		
	(Street Address of Principal Office)			(Mailing Address)			_	
Deerfield Beach, FL 33442			Deerfie	Deerfield Beach, FL 33442				
		_	-		(.7	2	_	
. Name and street address of	of Florida registered age	ent: (P.O. Box <u>NOT</u> :	acceptable)			AUG 15	eser to it	
Name: _	Roy	Weisman Historio Blad,			,	ΛH 9		
Office Address: _	1761 W H	illsbeco Blad,	Ste 409		-	: 02		
_	Deer	field Beach	, Florida _	33445	_			
		(City)		(Zip code)				
Registered agent's accepta laving been named as regi lesignated in this application o comply with the provision and accept the obligations of	stered agent and to acc in, I hereby accept the a is of all statutes relative	appointment as registe to the proper and co	ered agent and ag	ree to act in th	is capacity	I fur	ther agi	
		Poplisionen						

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: Joe Bonamassa Roy Weisman **⊠**Manager Name: Manager Name: 1761 W Hillsboro Blvd 1761 W Hillsboro Blvd ⊠Member Address: Member Suite 409 Suite 409 Authorized Authorized Deerfield Beach, FL 33442 Deerfield Beach, FL 33442 Person Person Other Other_ Other____ Other___ Name: Manager Name: Manager Address: ____ Member Address: Member 1 Authorized Authorized Person Person Other ____ Other Other Other Manager Name: _____ __Manager Name: Member | Member Address: ____ Address: _____ ☐ 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. Koz Wassmen Signature of an authorized person Roy Weisman

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CRYPTOMUSIC, 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRYPTOMUSIC,
LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 204140932

Date: 08-11-22