

12/28/22, 9:22 AM

Division of Corporations

M22000019243

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
CYBER KEY VENTURES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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:

CYBER KEY VENTURES LLC

1. Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")
Delaware

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

5. (Street Address of Principal Office)

285 Fulton Street, Suite 8500

New York, NY, 10007

6. (Mailing Address)

285 Fulton Street, suite 8500

New York, NY, 10007

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

LEGALINC CORPORATE SERVICES INC.

Name,

476 Riverside Ave

Office Address

Jacksonville

32202

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)

DocuSign Envelope ID: 9CFD30B7-470E-4119-8FD5-8361F22EA698

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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

RYAN MCHENRY

☒ Member

Address

285 Fulton Street, Suite 8500

☐ Authorized

New York, NY, 10007

Person

☐ Other☐ Other☐ Manager

Name

☐ Member

Address

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name

☐ Member

Address

☐ Authorized

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name

☐ Member

Address

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name

☐ Member

Address

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name

☐ Member

Address

☐ Authorized

Person

☐ Other☐ Other

12/28 PM 7:11

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.

Ryan Mchenry

Signature of an authorized person

RYAN MCHENRY

Typed or printed name of signer

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYBER KEY VENTURES 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-SEVENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYBER KEY VENTURES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

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

2022-12-28 PM 2:11




Jeffrey W. Bullock, Secretary of State

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SR# 20223875149

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

Authentication: 204717865

Date: 10-27-22