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| Special Instructions to Filing Officer: | | | | | | |
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Account#: 120000000088

| Date: | 10/11/2023 | |
|----------------|------------------------------|-----------------------------|
| | Juliana | |
| | #:2149103 | |
| | ne: | US DATA LLC |
| ✓ Artio | cles of Incorporation/Author | zation to Transact Business |
| ☐ Ame | endment | |
| ☐ Cha | ange of Agent | |
| ☐ Reir | nstatement | |
| ☐ Con | nversion | |
| ☐ Mer | ger | |
| Diss | solution/Withdrawal | |
| ☐ Fict | itious Name | |
| ✓ Oth | er | Certified Copy |
| | | |
| Authorized | Amount: \$155.0 |) |
| Signature: | Suliana Pressia | |

COVER LETTER

TO:

Registration Section

| BJECT: | Data LLC | | | |
|---------------------------------------|---|--|--|--|
| | Name | of Limited Liability Company | | |
| enclosed "A stence, and cl | pplication by Foreign Limited Liability C neck are submitted to register the above r | Company for Authorization to Transact Business in Florida," Certificat eferenced foreign limited liability company to transact business in Flo | | |
| se return all | correspondence concerning this matter to | the following: | | |
| | Kerryanne McHugh | | | |
| | | Name of Person | | |
| | Brown Rudnick LLP | | | |
| | | Firm/Company | | |
| | 7 Times Square | | | |
| | | Address | | |
| | New York, NY 10036 | | | |
| | Ci | ity/State and Zip Code | | |
| | kmchugh@brownrudnick.com | | | |
| - | E-mail address: (to be | used for future annual report notification) | | |
| further infor | mation concerning this matter, please cal | l: | | |
| Kerryanne McHugh | | 212 209-4952 | | |
| | Name of Contact Person | at (| | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallah | assee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | ed is a check for the following amount: | | | |
| | make check payable to: FLORIDA DEP 5.00 Filing Fee | e & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate | | |

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA SEATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | | | | | _ | |
|-------------------------------------|---|----------------|---------------------------------------|------------------------------------|--------|--|
| | ne adopted for the purpose of transacting business in F | Torida The a | lternate name must include "Limited l | Liability Company," "L.L.C," or "I | LLC.") | |
| Delaware | ch foreign limited liability company is organized) | 3. | | (FEI number, if applicable) | | |
| (Jurisdiction under the law of who | ch foreign limited liability company is organized) | | (FEI nun | | | |
| | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | ine penalty l | l iability) | | | |
| 1221 Brickell Avenue 5. | | | 1221 Brickell Avenue | | | |
| Street Address of Principal Office) | | | (Mailing Address) | | ~ | |
| Suite 900 | | _ | Suite 900 | | | |
| Miami, FL 33131 | | _ | Miami, FL 33131 | 2023 (| _ | |
| Name and street address | of Florida registered agent: (P.O. Box | c <u>NOT</u> a | cceptable) | 0011 | FILE | |
| Name: | Asher Genoot | | | PM 6: 08 | 0 | |
| Office Address: | 1221 Brickell Avenue, Suite 900 | | | ÷ 08 | | |
| | Miami | | 33131 Florida | | | |
| - | (Cuy) | | (Zip code) | | | |

(Registered agent's signature)

By: /s/ Asher Genoot

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: Title or Capacity: Name and Address: Name: U.S. Data Mining Group, Inc. □Manager □Manager Name: _____ Address: ___ 1221 Brickell Avenue ■ Member ☐ Member Address: _____ Suite 900 □ Authorized ☐ Authorized Miami. FL 33131 Person Person □Other__ □Other____ □ Other Other □Manager Name: _____ □Manager Name: _____ □Member Address: □Member Address: _____ ☐ Authorized ☐ Authorized Person Person □Other □Other____ □Other____ □Other_____ □ Manager Name: _____ □Manager Name: _____ ☐Member Address: □Member 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. /s/ Asher Genoot Signature of an authorized person Asher Genoot

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 "US DATA 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 TENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US DATA LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204342332

Date: 10-10-23

2408029 8300 SR# 20233697503