

MADISON 3621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

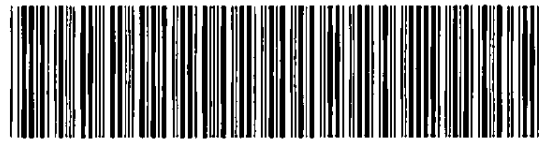
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 21 10:10:30

FILED
2024 MAR -5 PM 3:23
OFFICE OF STATE
CLERK

T. LEMIEUX
MAR 21 2024

NS

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

IN COMPLIANCE WITH SECTION 05002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ADA TRADING LLC
(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.")

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

3. 83-2495521
(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)

5. 7284 W PALMETTO PARK RD
(Street Address of Principal Office)

6. 7284 W PALMETTO PARK RD
(Mailing Address)

STE 206

STE 206

BOCA RATON, FL 33433

BOCA RATON, FL 33433

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

Name: YISRAEL GABAY

Office Address: 7284 W PALMETTO PARK RD, STE 206

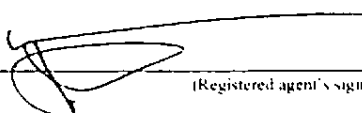
BOCA RATON, Florida 33433
(City) (Zip code)

FILED
2024 MAR -5 PM 3:23
SECRETARY OF STATE

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.

X



(Registered agent's signature)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**ADA TRADING LLC
0450322711**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 12, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*YISRAEL GABAY
18 IVY HILL ROAD
LAKEWOOD, NJ 08701*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 27, 2024.

MEMBER

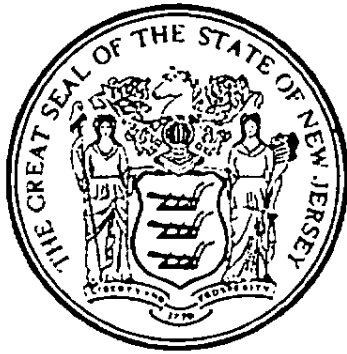
*YISRAEL GABAY
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433*

MEMBER

*DANA ZION
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433*

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**ADA TRADING LLC
0450322711**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
27th day of February, 2024*

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 2788441455

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

CLIENT DUE DILIGENCE / DILIGÊNCIA PRÉVIA DO CLIENTE



FORM 2 IS APPLICABLE AND MUST BE COMPLETED WHENEVER THE AMOUNTS/FUNDS TO BE USED DO NOT COME FROM A BANK ACCOUNT HELD BY THE MAIN APPLICANT / O FORMULÁRIO 2 É APLICÁVEL E DEVE SER PREENCHIDO SEMPRE QUE OS MONTANTES/FUNDOS A UTILIZAR NÃO PROVENHAM DE CONTA BANCÁRIA TITULADA PELO REQUERENTE

1. MAIN APPLICANT / REQUERENTE

1.1 Full name / Nome completo

1.2 Date of birth / Data de nascimento

3.10 Occupation (business activities) / Ocupação (atividades profissionais)

3.11 Identification of the main business company, address and website / Identificação da empresa principal, morada e website

2. THIRD PARTY REMITTER / TERCEIRO REMETENTE

For this purpose, third party remitters are considered to be all those who are not the Main Applicant and who remit or are the holders, in whole or in part, of the funds to be used.

This form must be filled in with information regarding that person(s) and/or company(ies) or similar entity(ies) and signed by the entity(ies) identified. / Para este efeito consideram-se terceiros remetentes todos aqueles que não sejam o requerente e que transmitam ou sejam titulares, total ou parcialmente, dos fundos a utilizar. Este formulário deve ser preenchido com informação relativa a pessoa(s) ou pessoa(s) e/ou empresa(s) ou entidade(s) equiparada(s) e assinado pela(s) pessoa(s) ou entidade(s) identificada(s).

3. IF THE HOLDER OF THE FUNDS IS A NATURAL PERSON / SE O TITULAR DOS FUNDOS FOR UMA PESSOA SINGULAR

3.1 First Name / Nome

3.2 Surname / Sobrenome

3.3 Maiden Name (if applicable) / Nome de solteira (se aplicável)

3.4 Citizenship(s) / Cidadania(s)

3.5 Place of birth / Local de nascimento

3.6 Date of birth / Data de nascimento

3.7 Permanent residential address / Endereço da residência habitual

3.8 Tax Residence / Residência fiscal

3.9 Tax Numbers / Números de identificação fiscal

3.12 Are you a Politically Exposed Person (PEP)? / É uma pessoa politicamente exposta (PEPE)?

No / Não Yes / Sim

Are you a close associate of a Politically exposed Person (PEP)? / É um associado próximo de alguma Pessoa Politicamente Exposta (PEPE)?

No / Não Yes / Sim

3.12.1 If so, please identify the Politically Exposed Person (PEP) and the nature of the relationship / Em caso afirmativo identifique a Pessoa Politicamente Exposta (PEPE) e a natureza da relação

3.13 Do you have a family relationship with a Politically Exposed Person (PEP)? / Tem uma relação familiar com alguma Pessoa Politicamente Exposta (PEPE)?

No / Não Yes / Sim

3.13.1 If so, please identify the Politically Exposed Person (PEP) and the nature of the relationship / Em caso afirmativo identifique a Pessoa Politicamente Exposta (PEPE) e a natureza da relação

PEPs are defined, by the Financial Action Task Force as persons who are or have been entrusted with a prominent function by an international organisation refers to members of senior management, i.e., directors, deputy directors and members of the board or equivalent functions.

Should you have any doubts whether you qualify as PEP, please mark "yes" for further verification / Os PEPEs são definidos pelo Grupo de Trabalho da Ação Financeira com indivíduos que estão ou estiverem envolvidos de uma forma ou outra por uma organização internacional, designadamente membros de administração, de vice, diretores, diretores adjuntos e membros de conselho de regência, equivalentes. Em caso de dúvida relativamente a sua qualificação como PEP, marque "sim" para verificação adicional.

If the information to be entered does not fit in this form, please refer to the additional information page at the end of the document, numerically identify the issue to which the information relates and reproduce it there, in the same terms as requested in the form. / Caso a informação a ser introduzida neste formulário não se encaixe na página de informação adicional no final do documento, identifique numericamente a questão relativamente à qual a informação se refere e reproduza-a ali, nos mesmos termos que solicitados no formulário.

Initialize here / Registrar aqui

Form 2 / Formulário 2

CLIENT DUE DILIGENCE / DILIGÊNCIA PRÉVIA DO CLIENTE



GLOBAL
CITIZEN
SOLUTIONS

ADDITIONAL INFORMATION | INFORMAÇÕES ADICIONAIS

Question Number / Additional information /
Questão Número / Informações adicionais

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

ADA TRADING LLC
0450322711

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for ADA TRADING LLC was submitted on 02/27/2024 for the year: 2023

Registered Agent and Office

YISRAEL GABAY
18 IVY HILL ROAD
LAKEWOOD, NJ 08701

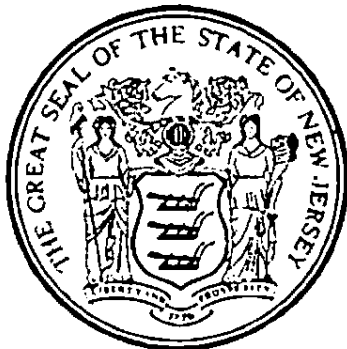
Main Business Address

7284 W PALMETTO PARK RD
STE 206
BOCA RATON, FL 33433

Officers and Directors

MEMBER
YISRAEL GABAY
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433

MEMBER
DANA ZION
7284 W PALMETTO PARK
STE 206
BOCA RATON, FL 33433



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
27th day of February, 2024*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 2788441377
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp