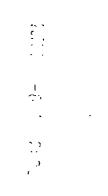
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

					
Kraken Treasure, L	LC				
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<u> </u>		<u> </u>	ļ 	Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	· ?
				L.C. File	, ,
				Fictitious Name File	<u> </u>
				Trade/Service Mark	_
				Merger File	
				Art. of Amend. File	_
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
				Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	_
				Certificate of Fictitious Name	
				Corp Record Search	_
				Officer Search	
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Requested by: SETH	02/06/22			UCC 1 or 3 File	
	$\frac{02/06/23}{5}$			UCC 11 Search	
Name	Date	Time		UCC 11 Retrieval	-
Walk-In	Will Pick Up			Courier	

COVER LETTER

TO:		ration Section on of Corporation	as				
SUBJI		raken Treasure, LI	.C				
		<u> </u>	Name of Lim	ited Liability (Company		_
The en Exister	iclosed "A nce, and c	Application by Fore	eign Limited Liability Company d to register the above reference	for Authorizz d foreign limi	ation to Transac ted liability con	t Business in Florida, npany to transact busi	" Certificate of ness in Florida.
Please	return all	correspondence c	oncerning this matter to the following	owing:			
		Craig A. Huffm	an				
	Name of Person						- 185
		Securus Law Gi	roup				
			Firm/	Company			-
		13046 Racetrac	k Road, Number 243				
	Address				·-·		
		Tampa, Florida	33626				€2
	City/State and Zip Code						-
		craig@securuslav	vgroup.com				
			E-mail address: (to be used for	future annual	report notificat	tion)	_
For fur	ther infor	mation concerning	g this matter, please call:				
	Craig A	A. Huffman	at	813	504-7831		
		Name of	f Contact Person	Area Code	Daytime	Telephone Number	_
	Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng ce Center Circle	
			e following amount: le to: FLORIDA DEPARTME	NT OF STA	ГE		
	_	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kraken Treasure, LLC				
(Name of Foreign Kraken Treasure NFT-Ga	Limited Liability Company; must include "Limite	ed Liabilit	y Company," "L.L.C.," or "LLC.")	
	arne adopted for the purpose of transacting business in Flo	orida. The a	ternate name must include "Limited Liability Common."	"1 1'C" or "11C"
(and despite to the purpose of unionelling outlies of the	71KJ	termie mane mase merode Lamies (manny Company).	The contract
Wyoming, United State 2	s	2	92-1600261	<u>.</u>
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if applicable)	1
February 3, 2023				٦.
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty) liability)	ر. دی
13046 Racetrack Road 5.		6	13046 Racetrack Road, #243	ं
(Street Address of i	rincipal Office)	U.	(Mailing Address)	
Tampa, Florida 33626			Tampa, Florida 33626	
7. Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> a	acceptable)	
Name:	Alex R. Stavrou	·		
Office Address:	13046 Racetrack Rd. # 233	_		
	Tampa,		33626 , Florida	
	(City)		(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.



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: Craig A. Huffman Name: Treasure & Shipwreck Recovery, Manager Manager Manager Address: ____ 13046 Racetrack Rd 13046 Racetrack Rd. Address: Tampa, FL 33626 Member Member Member Tampa, FL 33426 ☐ Authorized Authorized Person Person Other Other Other_ Other Name: _ Triple 8 Capital, Inc. Manager Manager Address: 5828 Grand Sanata Ave, ■ Member ☐ Member Address: ___ Lutz, Florida Authorized Authorized 33558 Person Person Other_ Other Other Other____ Manager 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. Craig a. Huffman
Significate of an authorized person

Typed or printed name of signee

Craig A. Huffman

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Kraken Treasure LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on January 5, 2023, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2023-001204463.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of February, 2023 at 3:59 PM. This certificate is assigned ID Number 058283835.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.