

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Foreign Entity Authority

with Document # 20231527273 of

Athena Bitcoin, Inc.

Delaware Foreign Corporation

(Entity ID # 20231527273)

consisting of 3 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/23/2025 that have been posted, and by documents delivered to this office electronically through 01/25/2025 @ 10:54:27.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/25/2025 @ 10:54:27 in accordance with applicable law. This certificate is assigned Confirmation Number 16934228.



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

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Colorado Secretary of State
Date and Time: 05/17/2023 12:24 PM
ID Number: 20231527273
Document number: 20231527273
Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Foreign Entity Authority
filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20231527273
(Colorado Secretary of State ID number)

Entity name Athena Bitcoin, Inc.

True name _____
(if different from the entity name)

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Corporation

Jurisdiction Delaware

3. The principal office address of the entity's principal office is

Street address 1332 N Halsted St, Ste 401
(Street number and name)

Chicago IL 60642
(City) (State) (ZIP/Postal Code)

United States
(Province – if applicable) (Country)

Mailing address _____
(leave blank if same as street address) *(Street number and name or Post Office Box information)*

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

4. The registered agent name and registered agent address of the entity's registered agent are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

or

(if an entity) InCorp Services, Inc.

(Caution: Do not provide both an individual and an entity name.)

Street address

36 South 18th Avenue, Suite D

(Street number and name)

Brighton

(City)

CO

(State)

80601

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

CO

(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 04/27/2023.
(mm/dd/yyyy)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

7. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Goldenhorn

(Last)

Matias

(First)

(Middle)

(Suffix)

1332 N Halsted St, Ste 401

(Street number and name or Post Office Box information)

Chicago

(City)

IL

(State)

60642

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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