

COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

1321921.09

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Michael G. Adams Kentucky Secretary of State Received and Filed: 11/17/2023 10:32 AM Fee Receipt: \$90.00

Division of Business Filings	Cortificate	f Authority		Fee Receipt: \$90.00
F.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of (Foreign Busine			L
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and				r authority to transact business in Ke
1. The entity is a : I profit corpora	tion (KRS 271B)	nonprofit corporation (KF	RS 273) Drofes	sional service corporation (KRS 274)
business trus limited partne non-profit Ilc	ership (KRS 362).	J limited liability company (ltd cooperative assn. (KR cooperative assn. (KRS)	RS) Statuto	sional limited liability company (KRS ory trust rporated association
	Financial Markets, In ne must be identical to the	C. e name on record with the Se	cretary of State.)	
3. The name of the entity to be used in		e):	me" is unavailable for use;	otherwise, leave blank.)
4. The state or country under whose law	the entity is organized	is Delaware		
5. The date of organization is <u>May 4. 2</u>		and the perio	od of duration is <u>Perpetua</u> (If left blank, di	uration is considered perpetual.)
6. The mailing address of the entity's pr	incipal office is	Oaldand	C A	04007
248 3rd Street, #434 Street Address		Oakland City	CA State	<u>94607</u> Zip Code
			State	
7. The street address of the entity's reg	stered office in Kentuck			40004
421 West Main Street Street Address (No P.O. Box Numbers)		<u>Frankfort</u> City	KYState	<u>40601</u> Zip Code
and the name of the registered agent at	that office is Corporat	•		
8. The names and business addresses	of the entity's representa	atives (secretary, officers ar	nd directors, managers, tru	stees or general partners):
Attached Officer & Director List				
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the ind	ividual shareholders, not less	than one half (1/2) of the directors	s, and all of the officers other tha	in the secretary and treasurer are licensed in
more states or territories of the United States or E 10. I certify that, as of the date of filing th		•		•
11. If a limited partnership, it elects to be	a limited liability limited	partnership. Check the bo	ox if applicable:	
12. If a limited liability company, check13. This application will be effective uponThe effective date or the delayed effective	n filing, unless a delayed	d effective date and/or time		e is
Please indicate the Kentucky county in w County:	hich your business operat	es:		
	To complete	the following, please shade th	he box completely.	
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Please indica	·		percent (50%) of your business owners
Please indicate which of the following be	st describes your business			
Agriculture Minin			struction	
Wholesale Trade Retail	Trade 🗌 Man	ufacturing Fina s, Electric, Gas, Sanitary Servic	ance, Insurance, Real Estate ces	
(DocuSigned by:	Doug Sharp, Ass	sistant Secretary	11/09/2023
Signature of Authorized Representative	- Long Sharp-	Printed Na		Date
I, Corporation Service Company	C9E09F11E0384FA			h behalf of the business entity.
Type/Print Name of Registered Agent By:	UppAt M	ichele L. Abbott	Asst. Vice Pr	esident 11/16/2023
Signature of Registered Agent	Pri	nted Name	Title	Date

Coinbase Financial Markets, Inc. Officer and Director List

Name	Title
Alesia Haas	Director
Paul Grewal	Director, Secretary
Andrew Sears	Chief Executive Officer
Yu Hsuan Hsieh	Chief Financial Officer, Treasurer
Arthur Feldshteyn	Chief Operating Officer
Isaiah Ramirez	Chief Risk Officer
Eugene Ferrara	Chief Compliance Officer
Doug Sharp	Assistant Secretary

Principal Place of Business:

55 Hudson Yards, 550 West 34th Street, 4th Floor, New York, NY 10001

Mailing Address:

248 3rd Street #434, Oakland, CA 94607