Decentralized Autonomous Organization Limited Liability Company
Articles of Organization

I. The name of the decentralized autonomous organization limited liability company is:
   BITFARI DECENTRALIZED AUTONOMOUS ORGANIZATION L.C.

II. The name and physical address of the registered agent of the decentralized autonomous organization limited liability company is:
   Registered Agents Inc.
   30 N Gould St Ste R
   Sheridan, WY 82801

III. The mailing address of the decentralized autonomous organization limited liability company is:
   6425 Living Place, Suite 200
   Pittsburgh, PA 15206

IV. The principal office address of the decentralized autonomous organization limited liability company is:
   6425 Living Place, Suite 200
   Pittsburgh, PA 15206

V. The organizer of the decentralized autonomous organization limited liability company is:
   Jordhy Vladimir Ledesma Lora
   6425 Living Place, Suite 200, Pittsburgh, PA 15206

VI. Additional Article:
   Pursuant to W.S. 17-31-106(b), a publicly available identifier of any smart contract directly used to manage, facilitate or operate the DAO;
   https://explorer.bitfari.com/txid/SP213KNHB5QD308TEESY1ZMX1BP8EZDPG4JWD0MEA.fari-token-mn?
   chain=mainnet

   Pursuant to W.S. 17-31-104(e), whether the DAO is member managed or algorithmically managed: The DAO is algorithmically managed

Signature:  

Jordhy Vladimir Ledesma Lora  

Date: 11/03/2021

Print Name:  

Jordhy Vladimir Ledesma Lora

Title:  

CEO

Email:  

jordhy@bitfari.org

Daytime Phone #:  

(646) 265-4750
I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.

I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).

I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.

I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.

I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.

I consent on behalf of the business entity to accept electronic service of process at the email address provided with Article IV, Principal Office Address, under the circumstances specified in W.S. 17-28-104(e).

**Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.**

**W.S. 6-5-308. Penalty for filing false document.**

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars ($2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

I acknowledge having read W.S. 6-5-308.

Filer is:  ☑️ An Individual   ☐ An Organization

**Filer Information:**
By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature:  

Print Name:  

Title:  

Email:  

daytime Phone #:  

Date:  

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Consent to Appointment by Registered Agent

Registered Agents Inc., whose registered office is located at 30 N Gould St Ste R, Sheridan, WY 82801, voluntarily consented to serve as the registered agent for BITFARI DECENTRALIZED AUTONOMOUS ORGANIZATION L.C. and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:  

Jordhy Vladimir Ledesma Lora

Print Name: Jordhy Vladimir Ledesma Lora

Title: CEO

Email: jordhy@bitfari.org

Daytime Phone #: (646) 265-4750

Date: 11/03/2021
I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

BITFARI DECENTRALIZED AUTONOMOUS ORGANIZATION L.C.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 3rd day of November, 2021 at 3:06 PM.

Remainder intentionally left blank.

Filed Date: 11/03/2021

Filed Online By:
Jordhy Vladimir Ledesma Lora
on 11/03/2021