APPLICATION FOR AUTHORITY

Corporation Division
sos.oregon.gov/business

E-FILED
Dec 16, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

250417392

TYPE

FOREIGN LIMITED LIABILITY COMPANY

1. ENTITY NAME

ECLIPSE DIGITAL VENTURES LLC

2. MAILING ADDRESS

30 N GOULD ST STE 32682
SHERIDAN WY 82801 USA

3. NAME & ADDRESS OF REGISTERED AGENT

51329093 - NORTHWEST REGISTERED AGENT LLC

5441 S MACADAM AVE STE N
PORTLAND OR 97239 USA

4. MEMBERS/MANAGERS

MEMBER

BRENT CORDEIRO

30 N GOULD ST STE N
SHERIDAN WY 82801 USA

5. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

6. DATE OF ORGANIZATION

12-15-2025

7. DURATION

PERPETUAL

8. JURISDICTION

WY

9. PRIMARY PHYSICAL LOCATION

30 N GOULD ST STE 32682
SHERIDAN WY 82801 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

NAT SMITH

TITLE

AUTHORIZED AGENT

DATE

12-16-2025