



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only
WY Secretary of State
FILED: Nov 3 2025 6:28PM
Original ID: 2025-001806700

Limited Liability Company Articles of Organization

I. The name of the limited liability company is:

LCM Finance LLC

II. The name and physical address of the registered agent of the limited liability company is:

David Miller
2nd Street Virtual Business Address 5830 East 2nd
Street
Casper, WY 82609

III. The mailing address of the limited liability company is:

5830 East 2nd Street
Casper, WY 82609

IV. The principal office address of the limited liability company is:

5830 East 2nd Street
Casper, WY 82609

V. The organizer of the limited liability company is:

LCM
357 Bay Street Toronto, ON M5H 4A6 CA

VI. Additional Article:

we are at the forefront of revolutionizing financial technologies with our innovative approach to decentralized liquidity management and AI-driven solutions. In today's rapidly evolving financial landscape, the need for efficient, scalable, and intelligent systems is more critical than ever. Our mission is to provide businesses with cutting-edge tools that not only enhance liquidity management but also leverage artificial intelligence to optimize financial decision-making.

Signature: *David miller*

Date: 11/03/2025

Print Name: David miller

Title: Manager

Email: Davidmiller0803492@gmail.com

Daytime Phone #: 0014374429594

- ☒ 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

The Wyoming Secretary of State requires a natural person to sign on behalf of a business entity acting as an incorporator, organizer, or partner. The following individual is signing on behalf of all Organizers, Incorporators, or Partners.

Filer Information:

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

Signature: David miller

Date: 11/03/2025

Print Name: David miller

Title: Manager

Email: Davidmiller0803492@gmail.com

Daytime Phone #: 0014374429594

Consent to Appointment by Registered Agent

David Miller, whose registered office is located at **2nd Street Virtual Business Address 5830 East 2nd Street, Casper, WY 82609**, voluntarily consented to serve as the registered agent for **LCM Finance LLC** 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: *David miller*

Date: **11/03/2025**

Print Name: **David miller**

Title: **Manager**

Email: **Davidmiller0803492@gmail.com**

Daytime Phone #: **0014374429594**

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, 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

LCM Finance LLC

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, 2025** at **6:28 PM**.

Remainder intentionally left blank.



Filed Date: 11/03/2025

A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State

Filed Online By:

David miller

on 11/03/2025