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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

WASHINGTON, D.C. 20549
APPLICATION FOR, AND AMENDMENTS TO APPLICATION FOR, REGISTRATION AS A NATIONAL SECURITIES EXCHANGE OR EXEMPTION

Date filed (MM/DD/YY):

OFFICIAL USE ONLY

9/18/24 FROM REGISTRATION PURSUANT TO SECTION 5 OF THE EXCHANGE ACT WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of the applicant would violate the federal securities laws and may result in disciplinary, administrative, or criminal action. INTENTIONAL MISSTATEMENTS OF OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS M APPLICATION ☐ AMENDMENT MX2 LLC State the name of the applicant: Provide the applicant's primary street address (Do not use a P.O. Box); 525 Washington Blvd., Suite 300, Jersey City, NJ 07310 Provide the applicant's mailing address (if different): 382 NE 191st Street, Sulte 92178 Miami, FL 33179 Provide the applicant's business telephone and facsimile number: 833-415-6300 (Telephone) 5. Provide the name, title, and telephone number of a contact employee:

Jonathan Kellner Chief Executive Officer 551-370-1001 (Name) (Title) (Telephone Number) Provide the name and address of counsel for the applicant: Anders Franzon MEMX LLC, 382 NE 191st Street, Suite 92178 Miami, FL 33179 December 31 Provide the date applicant's fiscal year ends: Indicate legal status of applicant: 

Corporation □ Sole Proprietorship □ Partnership If other than a sole proprietor, indicate the demonstration where incorporated, place where partnership agreements.

(a) Date (MM/DD/YY):

(b) State/Country of formation:

(c) Statute under which applicant was organized:

EXECUTION: The applicant consents that service of any civil action brought by , or notice of any proceeding before, the Securities and William of the Securities and Securitie ☑ Limited Liability Company ☐ Other (specify): (Name of applicant)
Anders Franzon, General Counsel (MM/DD/YY) By: (Printed Name and Title) Trathwan (CO Subscribed and sworn before me this My Commission expires [20] County of State of This page must always be completed in full with original, manual signature and notarization.

Affix notary stamp or seal where applicable.