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Account#: 120000000088

Date: Noven	nber 1, 2017		
Name: Marisa	a Kugelmann		
Reference #:	D308925		
Entity Name:	LUNAR	LABS, INC.	
☑ Articles of Inc	corporation/Authoriz	zation to Transact Business	
Amendment			
Change of Ag	gent		
Reinstatemer	nt		
Conversion			
Merger			
☐ Dissolution/M	/ithdrawal		
Fictitous Nam	ne .		
Other			
Authorized Amou Signature: M			

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lunar Labs, Inc.	j
	orporation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to transport to the corporation of the corporation to transport to the corporation to the corp	oration for Authorization to Transact Business in Florida." Good Standing" and check are submitted to register the sact business in Florida.
Please return all correspondence concerning	this matter to the following:
Janet Brown	
	Name of Person
Global Strategic Accounta	nts
	Firm/Company
6250 Shiloh Road, Suite 2	40
	Address
Alpharetta, GA. 30005	
	ity/State and Zip code
Janet@gsaudits.com	o be used for future annual report notification)
E-mail address: (o be used for future annual report normcation)
For further information concerning this mat	er, please call:
Name of Person	() Area Code Daytime Telephone Number
Name of Ferson	Area Code Bayrine Vereprione (Variable)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amou	it:
S70.00 Filing Fee S78.75 Filing Certificate of	· · · · · · · · · · · · · · · · · · ·

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Line) hame or e	orporation; must include "INCORPORATED." "C	OMPANY," "CORPORATION,	••	
"Inc.," "Co.," "C	orp." "Inc." "Co." or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting	business in Florid	
Delaware				
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
6/8/2015	5			
(Date	of incorporation) 5.	(Date of duration, if other the	han perpetual)	
	(Date first transacted business in Flo			
04045	(SEE SECTIONS 607.1501 & 607.1502.	•	y)	
3434 Rus	sell St., #406, Detroit, MI 482			
	(Principal o	(line addence)		
	•	stitee address)	•	
	(Correct modition of		: 	
	(Current mailing a	ddress, if different)		
Name and stre	•	ddress. if different)		
. Name and stre	et address of Florida registered agent: (P.O. E	ddress. if different)	Z	
. Name and <u>stre</u> Name:	•	ddress. if different)		
	et address of Florida registered agent: (P.O. E	ddress. if different) Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O. E COGENCY GLOBAL INC. 115 North Calhoun Street, Suite	ddress. if different) Box NOT acceptable)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:		<u> </u>	
Address:		<u> </u>	
		<u> </u>	
Vice Chairman:			
Address:		<u> </u>	
Director: Hunter Rosenblume			
Address: 3434 Russell St., #406, Detroit, MI 48207			
Sai Rohith Varanasi			
Address: 3434 Russell St., #406, Detroit, MI 48207			1
B. OFFICERS President: Hunter Rosenblume 3434 Russell St., #406, Detroit, MI 48207		12 NOV =1	
Vice President:	··	-8 -	1.
Address:	25 E	6.1	1
Secretary:			
Address:			<u> </u>
Treasurer:			+-
Address:			+-
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	ind/or dire	ectors.	
12. Signature of Director or Officer			1
The officer or director signing this document (and who is listed in number 11 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departr a third degree felony as provided for in s.817.155, F.S.	the facts nent of St	stated her ate constit	ein :utes
Hunter Rosenblume, CEO			<u> </u>
(Typed or printed name and capacity of person signing application)			- 1

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LUNAR LABS, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUNAR LABS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5762095 8300

Authentication: 203490402

Date: 10-31-17