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COVER LETTER

TO: Registration Division of O	Section Corporations			
Firefly	Aerospace, Inc.			
SUBJECT:	Name o	of corporation	- must include suffix	
Dear Sir or Madam:				
"Certificate of Exist above referenced for	ication by Foreign Co ence," or "Certificate reign corporation to to respondence concerni	of Good Stan ansact busine		et Business in Florida," mitted to register the SECRETARE AND APR
	111.	Name of	Person	
Firefly Aerospace, Inc.				PH 2:
		Firm/Com	pany	39
1320 Arrow Point Dr.	Ste. 109			
		Addre	ess	
Cedar Park, TX 78613	3			
		City/State a	nd Zip code	
idris.motiwala@firefl				
	E-mail address	s; (to be used)	for future annual report of	iotification)
For further informat	ion concerning this m	natter, please o	call:	
-		832	687-4224	
Name of Pe	erson	Area Cod	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check	for the following am	ount:		
□ \$70.00 Filing Fe	ee \$78.75 Filin Certificate	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee,Certificate of Status &Certified Copy

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.

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1320 Arrow Point Dr. Ste. 109 Cedar Park, TX 78613 (Principal office address) (Current mailing address, if different)			
Delaware (State or country under the law of which it is incorporated) January 27, 2017 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc.			
3. (State or country under the law of which it is incorporated) 4. January 27, 2017 5. (Date of incorporation) 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc.	orida)		
(State or country under the law of which it is incorporated) January 27, 2017 (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetus (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1320 Arrow Point Dr. Ste. 109 Cedar Park, TX 78613 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc.			
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7. (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc.			
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc.			
InCorp Services, Inc.			
Office Address:			
Loxahatchee 33470 , Florida			
(City) (Zip code)			

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. DIRE	Thomas E Markusic						
	1320 Arrow Point Dr. Ste. 109						
	Cedar Park, TX 78613						
Vice Chai	rman:						
Address:							
- Director:	Mark Watt						
Address:	1320 Arrow Point Dr. Ste. 109						
rida ess.	Cedar Park, TX 78613						
Director:	Maxym Polyakov	AL SE	2019				
	1320 Arrow Point Dr. Ste. 109	A A A A A A A A A A A A A A A A A A A	APR -	 			
	Cedar Park, TX 78613	233 233	<u>-</u> 	- T			
B. OFF	ICERS Thomas E Markusic	FLORI	H 2: 3	Ö			
President:		Ori	<u> </u>				
Address:	Cedar Park, TX 78613			<u> </u>			
Vice Pres	ident:						
	Idris Motiwala	<u></u>					
	1320 Arrow Point Dr. Ste. 109 Cedar Park, TX 78613						
	If necessary, you may attach an addendum to the application						
12.	Signature of Director or 6						
The office are true a third d	cer or director signing this document (and who is listed in nu and that he or she is aware that false information submitted in egree felony as provided for in s.817.155, F.S.	mber 11 above) affirms	s that the	facts stated herein of State constitutes			
13. <u>Idris</u>	(Typed or printed name and capacity of pers	on signing application)		1			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FIREFLY AEROSPACE 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 FIFTEENTH DAY OF MARCH, A.D. 2019.

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

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



Authentication: 202448582

Date: 03-15-19

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