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February 29, 2020

ASHTON CALDWELL 4399 CORPORATE ROAD CHARLESTON, SC 29405

SUBJECT: ASTENJOHNSON HOLDINGS, LTD.

Ref. Number: W20000022498

We have received your document for ASTENJOHNSON HOLDINGS, LTD. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 820A00004492

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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | | | | |
|--|--------------------------------------|--|------------------|--|---------------------------------------|------------------------|---|-------------|
| SUBJ | ECT: AstenJohn | son Holdings Ltd. | Compa | 7 | | | | |
| | | Name o | f corporatio | n - mus | t include suffix | | | |
| Dear S | ir or Madam: | | | | | | | |
| "Certil | ficate of Existence | on by Foreign Core." or "Certificate and corporation to tra | of Good Sta | nding" | and check are sub | ct Busine mitted to | ss in Flor register t | ida," he |
| Please | return all corresp | ondenc@fechcerni: | ng this matte | er to the | following: | TĂL | 2 02 | - |
| Ashton | Caldwell | | | | | | | TI |
| | | | Name o | f Person | I | AS | 2020 HAR 16 | |
| AstenJ | ohnson, Inc. | | | | | SEE | ~~ o | ! |
| | | <u> </u> | Firm/Co | mpany | | <u> </u> | -11 3 κ | |
| 4399 C | orporate Road | | | | | OR! | 5 PM 3: 38 | |
| | | | Add | ress | | P | ~:- ∞ | |
| Charle: | ston, SC 29405 | | | | | | | |
| | | | City/State | and Zip | code | | | |
| ashton. | caldwell@astenjoh | nson.com | | | | | | |
| | - | E-mail address: | (to be used | for futu | ire annual report r | otificatio | on) | |
| For fu | rther information | concerning this ma | atter, please | call: | | | | |
| Ashton | Caldwell | | 843 | Ode Daytime Telephone Number | | | | |
| | Name of Persor | 1 | Area Co | de | Daytime Telep | hone Nur | nber | • |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | 3: | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Please | | he following amore to: FLORIDA DE \$ 578.75 Filing Certificate o | PARTMEN Fee & | □ \$ 78.′ | FATE 75 Filing Fee & ified Copy | Ce | 7.50 Filin rtificate c rtified Co | of Status & |

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. AstenJohnson Holdings Ltd. INCORPORATED," "COMPANY," "CORPORATION," (Enter name of corporation; must include "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) 12/15/2005 (Date of incorporation) 01/01/2020 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability 4399 Corporate Road, Charleston BC, 29405 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) 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. Arrielle Garcia- Assistant Secretary

Arrielle Garcia- Assistant Secretary

(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.

| A. DIRECTORS | | | | | | | |
|--|-----------------------------|-----------------|----------------------------|--|--|--|--|
| □Chairman | Name: Brenda S. Szymanowski | □Chairman | Name: Kevin Frank | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: 4399 Corporate Rd | | | | |
| □Director | Charleston, SC 29405 | □Director | Charleston, SC 29405 | | | | |
| □President | | President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | Treasurer | □Secretary | □Treasurer | | | | |
| □Other | □Other | Other | Other | | | | |
| □Chairman | Name:4399 Corporate RD | □Chairman | Name; | | | | |
| □Vice Chairman | Address: | □Vice Chairman | | | | | |
| □Director | Charleston, SC 29405 | □Director | ZOZU MAR | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | SSEED F | | | | |
| Secretary | □Treasurer | □Secretary | F S D Treasure | | | | |
| □Other | Other | Other | | | | | |
| | At | | | | | | |
| □ Chairman | Name: | □ Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | Treasurer | | | | |
| Other | Other | □Other | Other | | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Bright State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Brenda S. Szymanowski | | | | | | | |

(Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASTENJOHNSON HOLDINGS LTD." 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 TWENTY-THIRD DAY OF JANUARY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASTENJOHNSON"
HOLDINGS LTD." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, I

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

Authentication: 202240839

Date: 01-23-20

4077659 8300 SR# 20200485109