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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION
CONSTELLATION ENTERPRISE ONLINE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**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.

CONSTELLATION ENTERPRISE ONLINE INC

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co., Ltd.," "Co., Inc.," or "Corp., Inc.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 84-4569457
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02-03-2020 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002
(Principal office address)

11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: C. T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, _____, Florida 33324
(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.

By:  Cristie Myers, 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DEXTER SALNA ✓

Address: 11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002

Director: BONNIE WILHELM ✓

Address: 11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002

B. OFFICERS

President: DEXTAR SALNA ✓

Address: 11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002

Vice President: _____

Address: _____

Secretary: BONNIE WILHELM ✓

Address: 11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002

Treasurer: BONNIE WILHELM ✓

Address: 11350 MCCORMICK ROAD, EP 3 SUITE 200, HUNT VALLEY MD 21031-1002

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Bonnie Wilhelm

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.

13. BONNIE WILHELM

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CONSTELLATION ENTERPRISE ONLINE 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 SECOND DAY OF APRIL, A.D.
2020.

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

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



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You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202705860

Date: 04-02-20