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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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FOREIGN PROFIT/NONPROFIT CORPORATION

Aragon Investments Inc.

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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.

(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Valley of the V	Vind, Inc.	dopted for the purpose of transacting business in Florida)	-
Wyoming	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
09/24/2019	5	Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
			_
	(Date first transacted business in	Florida, if prior to registration)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7508 Gathering	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747	02, F.S., to determine penalty liability)	
7508 Gathering	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747	Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address)	
	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702	02, F.S., to determine penalty liability) al office address)	
	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702	02, F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702	02, F.S., to determine penalty liability) al office address)	FINAL SECTION OF THE
7901 4th St N S	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702 (Current mailin	02, F.S., to determine penalty liability) al office address) g address, if different)	
7901 4th St N S	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702	02, F.S., to determine penalty liability) al office address) g address, if different)	min of the state o
7901 4th St N S	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702 (Current mailin	02, F.S., to determine penalty liability) al office address) g address, if different)	
7901 4th St N S 3. Name and stre Name:	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702 (Current mailin et address of Florida registered agent: (P.C.) Registered Agents Inc.	02, F.S., to determine penalty liability) al office address) g address, if different) D. Box NOT acceptable)	• • • • • • • • • • • • • • • • • • •
7901 4th St N S 3. Name and stre Name:	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702 (Current mailin et address of Florida registered agent: (P.C. Registered Agents Inc. 7901 4th St N STE 300	02, F.S., to determine penalty liability) al office address) g address, if different) D. Box NOT acceptable)	
7901 4th St N 5	(SEE SECTIONS 607.1501 & 607.15 Dr. Celebration FL 34747 (Princip STE 300 St. Petersburg FL 33702 (Current mailin et address of Florida registered agent: (P.C. Registered Agents Inc. 7901 4th St N STE 300	02, F.S., to determine penalty liability) al office address) g address, if different) D. Box NOT acceptable)	• • • • • • • • • • • • • • • • • • •

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 Agents Inc. - Assistant Secretary Bill Havre

(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. diri	ECTORS		
Chairman	Shamaz Mayginnes		
Address:	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
Vice Cha	irman:		
Address:			
Director:	Dominique Pajares		
Address:	7901 4th St NSTE 300		
	St. Petersburg, FL 33702		
Director:			
Address:			
		15 tet	35.63
B. OF	FICERS	ر چور جور پيرون	jiji.
Presiden	t: Dominique Pajares	2 · · · ·	- 8
Address	7901 4th St NSTE 300	144	20:
	St. Petersburg, FL 33702	4 Ar ≱i	ني
Vice Pre	rsident:	ie i	40
Address			
Secretar	y: Shamaz Mayginnes		
Address	7901 4th St N STE 300 St. Petersburg, FL 33702		
	er: Janiya Mayginnes		
	7901 4th St N STE 300 St. Petersburg, FL 33702		
NOTE	: If necessary, you may attach an addendum to the application listing additional officers and/or dir	rectors.	
The of	Signature of Director or Officer ficer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of S	s stated he	rein tutes
a third	1 - Calante no provided for in S. 81 / 155 F.S.		
13	DO MINIQUE PATARES D - President (Typed or printed name and capacity of person signing application)		

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Aragon Investments Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **September 24, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000877374**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 23rd day of June, 2020 at 9:09 AM. This certificate is assigned ID Number 037452535.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.