# Fa100000145

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| 68E6000016W                             |  |  |  |  |

Office Use Only

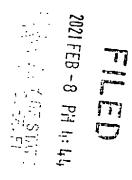


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US/21

### **COVER LETTER**

| TO:    | Registration Section Division of Corpo   |  |              |   |  |                 |
|--------|--|--|--------------|---|--|-----------------|
| SUB.   | JECT:  | SPACE AI, INC.   |              |   |  |                 |
|        |  | Name of corporation  | on - must i  | nclude suffix   | -  |                 |
| Dear ! | Sir or Madam:  |  |              |   |  |                 |
| "Certi | ificate of Existence."   | by Foreign Corporation for "Certificate of Good Sta<br>or poration to transact busin | anding" an   | d check are subn  |  |                 |
| Please | e return all correspon   | dence concerning this matt   | er to the fo | ollowing:   |  |                 |
|        |  | Diego Favarolo   |              |   |  |                 |
|        | <del>-</del>   |  | of Person    |   | ··   |                 |
|        |  | Space AI, Inc.   |              |   | 202  |                 |
|        |  | Firm/Co  | mpany        |   | <u> </u>   | -               |
|        |  | 508 Elkins Rd  | ( " )        |   | EB -   | Dispersor.      |
|        |  |  | iress        |   | <del>-                                    </del> | <del></del>     |
|        |  |  |              |   |  | ezzen)<br>9 g d |
|        |  | Elkins, NH, 0323   |              |   |  |                 |
|        |  | City/State   | and Zip co   | ode   |  |                 |
|        | fr   | g@garridolawtirm.com   | 1.5.         |   | • •  |                 |
| For fu | irther information co  | E-mail address: (to be used neerning this matter, please                             |              | r annuar report ne  | omeation   |                 |
| Į.     | Diego Favarolo   | at (   | )            |   |  |                 |
|        | Name of Person   | Area Co  | ode ,        | Daytime Teleph  | one Number                                       | -               |
|        | STREET/COURI<br>Registration Section<br>Division of Corpo<br>The Centre of Tall<br>2415 N. Monroe S<br>Tallahassee, FL 3 | on<br>rations<br>ahassee<br>treet, Suite 810   |              | MAILING AL<br>Registration Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, FI | ection<br>rporations                             |                 |
| Please |  | following amount: b: FLORIDA DEPARTMEN \$ \$78.75 Filing Fee & Certificate of Status | □ \$78.75    | ATE<br>Filing Fee &<br>ed Copy  | S87.50 Filir<br>Certificate<br>Certified C       | 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.

. . . Y

| L SPACE AL  | INC.  |   |                                 |  |
|---|---|---|---------------------------------|--|
|   | corporation; must include "INCORPORATED."<br>"orp," "Inc," "Co," or "Corp.")  | "COMPANY," "CORPORATI   | ION,"                           |  |
| (If name unavail  | lable in Florida, enter alternate corporate name a  | idopted for the purpose of transac                              | cting business in Florida)      |  |
| 2. <u>Delawari</u>  | 3. ry under the law of which it is incorporated)  |   |                                 |  |
| (State or count   | ry under the law of which it is incorporated)   | (FEI number, if   | applicable)                     |  |
| 1. April 8, 201:  | 5.  |   |                                 |  |
| (Date   | e of incorporation)   | (Date of duration, if other than perpetual)                     |                                 |  |
| 5.  |   |   |                                 |  |
|   | (Date first transacted business in<br>(SEE SECTIONS 607.1501 & 607.15   |   | bility)                         |  |
| 7. 5  | 05 Odyssey Way, Exploration Park, FL 32953  |   | 202                             |  |
| -   | (Principal offic  | e <u>street</u> address)  |                                 |  |
|   | (Current mailing  | address, if different)  | œ [                             |  |
| 3. Name and <u>stre</u><br>Name:                            | et address of Florida registered agent: (P.O<br>Registered Agents Inc.  | . Box NOT acceptable)   | M 4:44                          |  |
| Office Address:   | 7901 4th St N STE 300   |   |                                 |  |
|   | St. Petersburg  | . Florida <u>33702</u> (Zip code)                               |                                 |  |
|   | (City)  | (Zip code)  |                                 |  |
| Having been nan<br>lesignated in this<br>further agree to c | ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes re r with and accept the obligations of my pos | ent as registered agent and a<br>clative to the proper and comp | gree to act in this capacity. I |  |

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: <u>Diego Sebastián Fayarolo</u>  | □Chairman               | Name: <u>Juan</u>                         | Garford   |  |  |  |  |
|-----------------------|--|-------------------------|---|---|--|--|--|--|
| □Vice Chairman        | Address: Av. Del Libertador 498, 23rd floor  | □Vice Chairman          | Address: Av. Del Libertador 498, 23rd flo |   |  |  |  |  |
| □Director             | Buenos Aires, Argentina  | <b>⊠</b> Director       | Buenos Aires, Argentina                   |   |  |  |  |  |
| □President            | C1001ABR   | □President              | C1001ABR                                  |   |  |  |  |  |
| □Vice President       |  | □Vice President         |   |   |  |  |  |  |
| ☐ Secretary           | □Treasurer   | □ Secretary             |   | □Treasurer  |  |  |  |  |
| Other                 | Other  | □Other                  |   | Other   |  |  |  |  |
| □Chairman             | Name: <u>Jacinto Francisco Ruiz Guiñazú</u>  | □Chairman               | Name:                                     |   |  |  |  |  |
| □Vice Chairman        | Address: Av. Del Libertador 498, 23rd floor  | □Vice Chairman          | Address:                                  |   |  |  |  |  |
| ⊠Director             | Buenos Aires, Argentina  | □Director               |   |   |  |  |  |  |
| □President            | C1001ABR   | □President              |   | <del></del>   |  |  |  |  |
| □Vice President       |  | □Vice President         |   |   |  |  |  |  |
| □Secretary            | ☐ Treasurer  | □Secretary              |   | □Treasure   |  |  |  |  |
| □Other                | Other  | □Other                  |   | PH 4: 44  |  |  |  |  |
| □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  |  |  |  |  |
| individuals may be    | Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departm      | nent of State Annual R  | rd for reporting p<br>Report form.        | purposes only. Non-indexed  |  |  |  |  |
| 12.                   | Signature of Director or Officer   |                         |   |   |  |  |  |  |
| The officer or direct | ctor signing this document (and who is listed in number<br>also information submitted in a document to the Depar | er 11 above) affirms th | hat the facts stat<br>utes a third degr   | ed herein are true and that he or<br>ee felony as provided for in |  |  |  |  |
| 13                    | Diego Sebastián Favarolo (Typed or printed name and capacity of pers   | on signing application  | 1)  |   |  |  |  |  |

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SPACE AI, 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 TWENTY-FIRST DAY OF DECEMBER, 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 "SPACE AI, INC."

WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2015.

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

l듩EB -8 Pii 나: 나나

Authentication: 204377079

Date: 12-21-20

5725036 8300 SR# 20208711966