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Account#: I20000000088

Date:	04/07/2021	
Name:	Ian Reilly	<u></u>
Reference #	#:1349047	
Entity Name	e:ASTRA II	ITELLIGENCE, INC.
✓ Artic	les of Incorporation/Authorizati	on to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized	Amount: \$70.00	
Signature: _	du Ruin	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO:	Registration Sec Division of Corp		
SUBJ	IECT:	Astra	a Intelligence, Inc.
		Name of corporat	ion - must include suffix
Dear S	Sir or Madam:		
"Certi	ficate of Existence		for Authorization to Transact Business in Florida." Standing" and check are submitted to register the siness in Florida.
Please	return all corresp	ondence concerning this ma	tter to the following:
		Joel I	Moxley
		Name	of Person
		Astra Intel	ligence, Inc.
•		Firm/C	Company
		221 10	th Street
		Ac	ldress
		Evanston	WY 82930
		City/Stat	e and Zip code
		joel@ed	chelon.co
		E-mail address: (to be use	ed for future annual report notification)
For fu	rther information (concerning this matter, pleas	se call:
	Joel Mox	ley at (7 285-0330
	Name of Persor		
	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations ! Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclos	sed is a check for t	he following amount:	
1 \$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee. Certified Copy 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.

	Astra Intel	lligence, Ir	nc.	
	orporation; must include "INCORPORATE orp." "Inc," "Co." or "Corp.")	D," "COMP	ANY," "CORPORATION	ν,"
(If name unavail	able in Florida, enter alternate corporate nar	me adopted fo	or the purpose of transactin	ng business in Florida)
2.	DE	3		
(State or countr	y under the law of which it is incorporated)	J	(FEI number, if ap	pplicable)
4	3/30/21	5		
(Date	3/30/21 of incorporation)	J	(Date of duration, if other	than perpetual)
6	(Date first transacted busines			
6 7	(SEE SECTIONS 607.1501 & 607 221 10th Street, E	7.1502, F.S.,	to determine penalty liabili VY 82930	ity)
7	(SEE SECTIONS 607.1501 & 607 221 10th Street, E	7.1502, F.S., i Evanston V	to determine penalty liabili VY 82930 address)	
6 7 8. Name and street	(SEE SECTIONS 607.1501 & 607 221 10th Street, E	7.1502, F.S., Evanston V	to determine penalty liabili VY 82930 address) , if different)	
6 7 8. Name and <u>street</u> Name:	(SEE SECTIONS 607.1501 & 607 221 10th Street, E (Prin	7.1502, F.S., Evanston Vecipal office a miling address P.O. Box N	to determine penalty liabili VY 82930 address) , if different)	2021 APR - 7
Name:	(SEE SECTIONS 607.1501 & 607 221 10th Street, E (Prin (Current ma	7.1502, F.S., Evanston Vacipal office a miling address P.O. Box N	to determine penalty liabili VY 82930 address) , if different)	2021 APR -7 AM
	(SEE SECTIONS 607.1501 & 607.221 10th Street, E (Prin (Current material address) of Florida registered agent: (COGENCY GLOBAL INC 115 North Calhoun Street, Su	7.1502, F.S., Evanston Vacipal office a miling address P.O. Box N	to determine penalty liabili VY 82930 address) , if different) IOT acceptable)	2021 APR -7

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.

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 Joel Moxley Chairman: 227 Troy Court, Evanston WY 82930 Address: ______ Vice Chairman: _____ Address: Director: Address: Director: Address: B. OFFICERS President: Address: Address: Secretary: Address: ______ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. _____

Joel Moxley



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

DELAWARE, DO HEREBY CERTIFY "ASTRA INTELLIGENCE, 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 SIXTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASTRA INTELLIGENCE, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MARCH,

A.D. 2021.

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

Authentication: 202904807

Date: 04-06-21