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(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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* Brambley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Sincerely,

Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/28/21

PRIORITY Routine

OUR REF_#_(Order_ID#)] RTK

(ORDER ENTITY, South Lunar, Inc.

PLEASE PERFORM THE FOLLOWING SERVICES:
South Lunar, Inc.
Please file the attached foreign qualification document.
NOTES:
\$70.00 Authorized
Email address for annual report reminders: radiv@incserv.com
RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: I20050000052
Please bill the above referenced account for this order.
f you have any questions please contact me at 656-7956

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

1. South Lunar, Inc				_	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)	-	
Delaware 2.	3	86-3231925	1925		
	y under the law of which it is incorporated)	(FEI number, if appli-	cable)	_	
4. 04/13/2021	5				
	of incorporation)	(Date of duration, if other tha	(Date of duration, if other than perpetual)		
6. 04/14/2021					
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		_	
7 6100 Merriweath	er Drive, Suite 210 Columbia, MD 21044				
<i></i>		ice street address)		_	
	(Current maili	ng address, if different)		•	
			021		
8. Name and <u>stree</u>	t address of Florida registered agent: (P.C	O. Box NOT acceptable)	2021 APR 28	2.	
Name:	Incorporating Services, Ltd.	<u></u>	28		
Office Address:	1540 Glenway Drive			355	
	Tallahassee	, Florida <u>32301</u>	AH 10: 30	=	
	(City)	(Zip code)	ప		
designated in this further agree to co	ent's acceptance: ed as registered ayent and to accept serv. application, I hereby accept the appoints omply with the provisions of all statutes i with and accept the obligations of my po	ment as registered agent and agree i relative to the proper and complete j	to act in this capa performance of m	acity. I	
	(Registered agent's 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: _	Thomas Ripley	□Chairman	Name:	Lawrence Berger
□Vice Chairman	Address:	6100 Merriweather Drive	∐Vice Chairman	Address:	6100 Merriweather Drive
Director		Suite 210	■Director		Suite 210
■President		Columbia, MD 21044	□President		Columbia, MD 21044
□Vice President			□Vice President		
☐ Secretary		☐Treasurer	■ Secretary		□Treasurer
□Other		□Other	□Other		□Other
□ Chairman	Name:	William Carr	□Chairman	Name:	
		6100 Merriweather Drive	□ Vice Chairman		
Director	Audiess.	Suite 210	□ Director		
		Columbia, MD 21044			
□President			□President		
□Vice President		*** ****	□Vice President		
☐ Secretary		Treasurer	☐ Secretary		□Treasurer
□Other		□Other	□Other		□Other
			_		
□ Chairman					
□Vice Chairman	Address:		□Vice Chairman	Address:	
□Director			□Director		
□President			□President		
□Vice President			□Vice President		
□Secretary		□Treasurer	□Secretary		□Treasurer
□Other		□Other	□Other		Other
Important Notice: I individuals may be	added to t	chment to report more than six (6). The attache index when filing your Florida Departmen	nt of State Annual Rep	port 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.

William Carr, Treasurer

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SOUTH LUNAR, 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-SEVENTH DAY OF APRIL, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH LUNAR,

INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 2021.

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

Authentication: 203070967

Date: 04-27-21

5834580 8300 SR# 20211476913