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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	of Status	
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AUG 11 2021 M. SOLOMON

### **COVER LETTER**

_	stration Sect sion of Corp				
SUBJECT:	Space	Domain Aw	areness	Inc.	
Name of corporation - must include suffix					
Dear Sir or M	ladam:				
"Certificate o	of Existence.	on by Foreign Corpo " or "Certificate of corporation to trans	Good Standi	uthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.	
Please return	all correspo	ndence concerning	this matter to	o the following:	
John C.	Lee				
	-		Name of Po	erson	_
Space D	Dom <u>ain</u>	Awareness	Inc.		
			Firm/Comp	any	
1403 Or	egon S	treet			_
			Addres	S	
Orlando	, FL 328	803			
			City/State and	l Zip code	
john@sp	aceda.s				_
		E-mail address: (1	o be used to	r future annual report notification)	
For further in	iformation c	oncerning this matt	er, please ca	lt:	
John C. Lee at (631		,631	796-3616		
Nan	ne of Person		Area Code	Daytime Telephone Number	
Regi Divis The ( 2415	stration Sect sion of Corp Centre of Ta	orations illahassee Street, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	heck payable	he following amount to: FLORIDA DEP.  \$78.75 Filing F Certificate of \$	ARTMENT ( Fee &	DF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Statu Certified Copy	15 &

## 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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-
, Florida	3.	84-4183549	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
12/20/201	19		_
(Date of incorporation) (Date of du		(Date of duration, if other than perpetual)	
j			<del>-</del>
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
3218 F. C	olonial Drive, Suite G, Orland		
		cc street address)	-
	•		
	(Current mailin	ng address, if different)	2021
		e de la companya de l	2021 AUG
			(CT)
. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	1
. Name and stree	et address of Florida registered agent: (P.C Northwest Registered Agent L	D. Box NOT acceptable)	9-
Name:	Northwest Registered Agent L	ن المرادر المرادر	-6 AH
Name:	Northwest Registered Agent L 7901 4th St N STE 300		-6 AH 9:3
	Northwest Registered Agent L	D. Box NOT acceptable)  LC , Florida 33702 (Zip code)	-6 AH 9:

#### 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.



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: John C. Lee	□Chairman	Name: Ethan Saxon		
□ Vice Chairman	Address: 1403 Oregon St		Address: 4417 17th St NW		
□Director	Orlando FL 32803	□Director	Washington, DC 20011		
□President		XPresident			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□ Other		□Other	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□Director	<u> </u>		
□President		□President			
□Vice President		□Vice President		<del></del>	
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other 2	
□Chairman	Name:	□Chairman		AUG - 6	
□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 Department	ent of State Annual Ro	d for reporting pure eport form.	rposes only. Non-indexed	
12.	Signature of Director of	or Officer			
	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart				
13. John C. I	Lee, Chairman				



## Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

# Space Domain Awareness Inc. 6065295

the above named entity, a Corporation incorporated under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Profit Corporation, under the

#### **Business Corporation Act**

53-11-1 to 53-18-12 NMSA 1978

having filed its Articles of Incorporation on December 20, 2019, and Certificate of Incorporation issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: August 4, 2021

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Maggie Toulouse Oliver Secretary of State



Certificate Validation #: 0053450

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the instructions displayed under Certificate Validation.