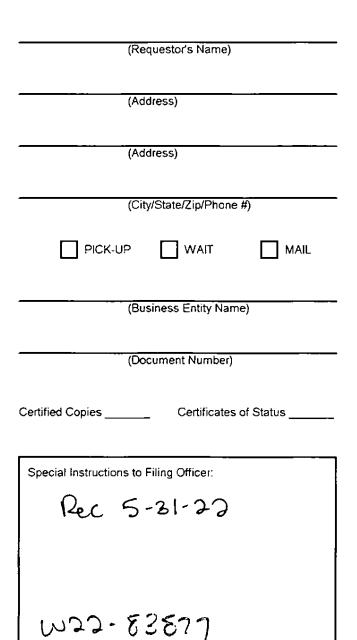
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JUN 3 0 2022 K. Brumbley

COVER LETTER

TO:	Registration S Division of C					
SUB.						
5017	<u></u>	Name of c	orporation -	- must include suffix		
Dear :	Sir or Madam:					
"Certi	ificate of Exister		Good Stand	Authorization to Transac ling" and check are subi s in Florida.		
Please	e return all corre	spondence concerning	this matter t	to the following:		
		ST	TAN MERIW	VETHER		
	-		Name of P	erson		
	<u> </u>		Firm/Comp	nanv		
		-1 900 N	CONGRES	SAVEH 409 01	71 10th NC N. 32	
	<u> </u>		Addres		THE THE TALL	
		WEST	PALM BCI	t: Pt. 33401 / / / /	: Worth, Fl. 3346	
	<u> </u>		itv/State an	d Zin code	· MOCTA 12 10	
			,	•	a:1.com	
		E-mail address: (to	o be used fo	riwetter & Gm or future annual report n	otification)	
For fu	irther informatio	on concerning this matte	er, please ca	ıll:		
STAN	MERIWETHER	at (561	_)		
	Name of Per	son	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		or the following amountable to: FLORIDA DEPA S78.75 Filing F Certificate of S	ARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, 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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION.	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting	business in Florida)
COLORADO	-	88-2342969	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
10/06/2020	5.	PERPETUAL	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration)	<i>(</i>)
		E H 409 WEST PALM BCH, FL 3340	
 	(Principal offic	ee street address)	. 2
	` ·		2022 MAY
	(Current mailing	g address, if different)	;• · · >
			. w
Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
Name:	STAN MERIWETHER		AM II: 23
fice Address:	1900 N CONGRESS AVE H 409		23
	WEST PALM BCH	 . Florida 33401	
	(City)	(Zip code)	

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.

(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.

A. DIRECTORS STAN MERIWETHER Name: _____ □Chairman □Chairman 1900 N CONGRESS AVE H 409 ☐Vice Chairman Address: _____ □Vice Chairman Address: WEST PALM BCH, FL 33401 □Director Director □President President ☐ Vice President □Vice President __ Treasurer □Treasurer ☐ Secretary ☐ Secretary □ Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: □Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: ______ □ Director □ Director □President □President □Vice President _ ☐ Vice President ☐ Treasurer ☐ Secretary □Treasurer □ Secretary □Other ____ □Other _____ □Other _____ □Other _____ □Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director ☐ President □ President ☐ Vice President □Vice President _ ☐Treasurer Treasurer □Secretary ☐ Secretary □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be sidded to the index when filing your Florida Department of State Annual Report form.

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.

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

SKYGATE MODERN TECHNOLOGIES INC.

is a

Corporation

formed or registered on 10/36/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201870603.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/16/2022 that have been posted, and by documents delivered to this office electronically through 05/17/2022 @ 11:45:24.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/17/2022 @ 11:45:24 in accordance with applicable law. This certificate is assigned Confirmation Number 14026790 .



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."