F24000000355

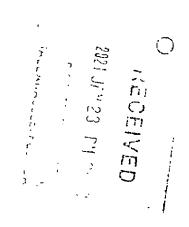
((Requestor's Name)
	(Address)
,	(Audi ess)
	(Address)
(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	· · · · · · · · · · · · · · · · · · ·
Special Instructions to	Filing Officer:





500422288385

0.75.74 7000 200 **70.00



JAN 23 2024 K. Brumbley

COVER LETTER

	egistration Section ivision of Corporations				
	T: SPACE GUARDIAN CORP				
Name of corporation - must include suffix					
Dear Sir o	or Madam:				
"Certifica	sed "Application by Foreign Corporation for Authorite of Existence," or "Certificate of Good Standing" a crenced foreign corporation to transact business in Fl	nd check are submitted to register the			
Please ret	urn all correspondence concerning this matter to the	following:			
JEREMY	EISENBERG				
	Name of Person				
SPACE G	UARDIAN CORP				
	Firm/Company				
4755 TEC	HNOLOGY WAY, STE. 101				
	Address				
BOCA RA	TON, FL 33431				
	City/State and Zip	code			
	E-mail address: (to be used for futu	re annual report notification)			
For further	r information concerning this matter, please call:				
Jere	rame of Person at (561) Area Code	664-8075			
Г	Name of Person Area Code	Daytime Telephone 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 mal		FATE 75 Filing Fee & S87.50 Filing Fee, fied 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.

SPACE GUARI				
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)		
WYOMING		87-1091818		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
6/3/2021	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)		
4755 TECHNOL	OGY WAY, STE. 101, BOCA RATON, FL 334:	31		
-	(Principal office	street address)		
	(Current mailing	address, if different)		
Name and stree	t address of Florida registered agent: (P.O.)	Box NOT acceptable)		
Name:	REGISTERED AGENTS INC			
fice Address:	7901 4TH ST. N, STE. 300			
mac rudiess.	ST. PETERSBURG			
	(City)	, Florida 33702 (Zip code)		
	ent's acceptance:			
		of process for the above stated corporation at the plac nt as registered agent and agree to act in this capacity		
rther agree to c		ative to the proper and complete performance of my di		
	David Co	perts		
	(Registered agent's sign	nature)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS					
□ Chairman	Name:	□Chairman	Name: AUGUSTIN QUANCARD		
□Vice Chairman	Address:	☐ Vice Chairman	Address: 4755 TECHNOLOGY WAY		
■Director	STE. 101	■ Director	STE. 101		
■ President	BOCA RATON, FL 33431	□President	BOCA RATON, FL 33431		
□Vice President		□Vice President			
□Secretary	☐Treasurer	Secretary	⊞ Treasur er		
□Other	Other	□Other	Other		
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name: GREGORY PAPIGNY Address: 4755 TECHNOLOGY WAY STE. 101 BOCA RATON, FL 33431 □Treasurer □Other	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Name:Address:		
□ Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	**	Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	C Treasurer	Secretary	□Treasurer		
□Other		Other	Other		
Important Notice: Use an attachmeny to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. 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. JEREMY EISENBERG, PRESIDENT					

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Space Guardian Corp

is a **Profit Corporation**

did on **December 29, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001383739**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of January, 2024 at 11:06 AM. This certificate is assigned ID Number 068402831.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.