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(((H24000036522 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION STOKE SPACE TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	1
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COVER LETTER

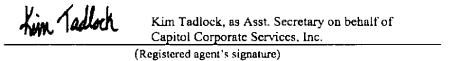
	istration Section	ions			
SUBJECT	Stoke Space Te	chnologies, Inc.			
0020201	•	Name of corporat	ion - m	ust include suffix	
Dear Sir or I	Madam:				
"Certificate	of Existence," or	y Foreign Corporation "Certificate of Good S poration to transact bus	tanding	" and check are sub	et Business in Florida," mitted to register the
Please return	n all corresponde	nce concerning this ma	tter to th	ne following:	
Russell Sava	gc, VP Finance				
		Name	of Pers	on	
Stoke Space	Technologies, Inc				
		Firm/C	ompan	у	
19 2 41 62nd /	Ave S				
		Ac	ldress		
Kent, WA 98	3032				
		City/Stat	e and Z	ip code	
rsavage@sto	kespace.com				
	E	mail address: (to be us	d for fu	iture annual report n	otification)
For further i	nformation conc	eming this matter, plea	se call:		
Russell Sava	ge	at () (98-5161	
Nar	ne of Person	Area (ode	Daytime Telepl	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		
Enclosed is a Please make o	heck payable to:	ollowing amount: FI.ORIDA DEPARTME S78.75 Filing Fee & Certificate of Status	□ \$78	STATE 8.75 Filing Fee & crtified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H24000036522

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 unavails	sble in Florida, enter alternate corporate name ad-	lopted for the purpose of transacting business in Flor	
Delaware	3 8	84-3147790	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
9/23/2019	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
8/8/2022 (date of	f first employee hired in Florida)		
9241 62nd Ave	S, Kent, WA 98032	2, F.S., to determine penalty liability)	
	S, Kent, WA 98032 (Principal office Kent, WA 98032		
	(Principal office Keni, WA 98032		
21009 59th PLS,	(Principal office Keni, WA 98032	street address) address, if different)	
21009 59th PLS, Name and stree	(Principal office Kent, WA 98032 (Current mailing a t address of Florida registered agent: (P.O. 1	address, if different) Box NOT acceptable)	
21009 59th PLS, Name and stree Name:	(Principal office Kent, WA 98032 (Current mailing a t address of Florida registered agent: (P.O. I Capitol Corporate Services, Inc. 515 E. Park Avenue, 2nd FL	street address) address, if different) Box NOT acceptable)	

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.

H24	00003	6522

Chairman	Andrew Lapsa	☐Chairman	Name: Thomas Feldman	
□Vice Chairman	Address: 21009 59th PLS, Kent.	□Vice Chairman	Address: 21009 59th Pl S, Kent,	
□Director	Kent, WA 98032	Director	Kent, WA 98032	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary	☐ Treasurer	
□Other	Other	☐ Other		
□Chairman	Name: Kelly Hennig	□ Chairman	Name: Russell Savage	
□Vice Chairman	Address: 21009 59th PI S	□Vice Chairman	Address: 21009 59th PLS,	
□Director	Kent, WA 98032	□Director	Kent, WA 98032	
⊡President		□President		
□Vice President		■Vice President		
Secretary	☐ Treasurer	☐ Secretary	□Treasurer	
■Other COO	Other	□Other	□Other	
⊡Chairman	Name:	□ Chairman	Name:	
⊡Vice Chairman	21009 59th PI S,	□Vice Chairman	Address:	
□Director	Kent, WA 98032	Director		
□President		□President		
□Vice President		□Vice President	· -	
Secretary	Treasurer	Secretary	□ Treasurer	
Director,	Range O Other	□Other	COther	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of	ent of State Annual Re	port form.	
	_			
	ctor signing this document (and who is listed in numbe alse information submitted in a document to the Depart			

s.817.155, F.S. 13. Russell Savage, VP Finance



Page 1

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

DELANARE, DO HEREBY CERTIFY "STOKE SPACE TECHNOLOGIES, 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-SIXTH DAY OF JANUARY,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOKE SPACE TECHNOLOGIES, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2019.

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

7621471 8300 SR# 20240256927

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSR

Authentication: 202677173

Date: 01-26-24