

F24000005606

Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION ORION PROGRAMMING INC.

Certificate of Status	0
Certified Copy	1
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OCT 29 2024

MS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

H24000358442

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. Orion Programming Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. New York
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 12/22/2021
(Date of incorporation)
5. _____
(Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7862 W Irlo Bronson Memorial Highway, Suite 189, Kissimmee, FL 34747
(Principal office street address)
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

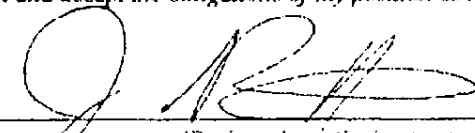
Name: James Rotterman

Office Address: 7862 W Irlo Bronson Memorial Hwy, Ste 189

Kissimmee, Florida 34747
(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.

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

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A. DIRECTORS

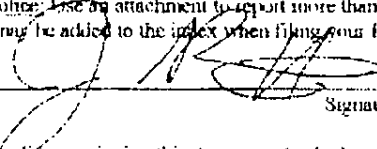
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<input type="checkbox"/> Chairman	Name: <u>James Rotterman</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>7862 W Irla Bronson Memorial Hwy</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	<u>Suite 189</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	<u>Kissimmee, FL 34747</u>	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
<input checked="" type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
<input type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer	
<input type="checkbox"/> Other _____		<input type="checkbox"/> 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 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 § 817.155, F.S.

13. James Rotterman, President
(Typed or printed name and capacity of person signing application)

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STATE OF NEW YORK

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DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ORION PROGRAMMING INC.
DOS ID Number: 6354792
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/22/2021
Statement Status: CURRENT
Statement Due Date: 12/31/2025

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I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 12/22/2021
Entity Name: ORION PROGRAMMING INC.

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/29/2023

Document Type: CERTIFICATE OF CHANGE BY ENTITY
Date of Filing: 01/16/2024

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on October 24, 2024 at
11:25 A.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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