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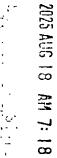
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COVER LETTER

	egistration Section Division of Corporations					
SHRIFC	T: Astros Golf Foundation Inc.					
SUBJEC	Name of Corporation	n – must include suffix	· · ·			
Dear Sir o	r Madam:					
Affairs in l	sed "Application by Foreign Not for Profit Florida", "Certificate of Existence", or "Ce above referenced not for profit corporatio	rtificate of Status" and ch	neck are submitted to			
Please retu	orn all correspondence concerning this matt	er to the following:				
	Jessica Merto					
	Name of	Person				
	Astros Golf Foundation					
	Firm/Co	mpany				
	501 Crawford St.					
	Addi	ress				
	Houston, Texas 77002					
	City/State and	d Zip Code				
	jmerlo@astros.com					
	E-mail address: (to be used for fu	ture annual report notific	ation)			
For further	information concerning this matter, please	e call:				
Jessi Merle		13 259-8921				
	Name of Person at (rea Code Daytime Te	lephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303				
	s a check for the following amount: check payable to: FLORIDA DEPARTMEN Filing Fee	TT OF STATE ■\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee. Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

To solicit, receive, maintain and preserve gifts and bequests in funds of real or personal property for the primary purpose of (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Supporting youth and family development. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(Date of Incorporation) (Date of Incorporation Information Informa	(Date of Incorporation) (Date of Incorporation, if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to determine penalty liability 501 Crawford St., Suite 500, Houston, Texas 77002 (Principal office street address) (Current mailing address, if different) To solicit, receive, maintain and preserve gifts and bequests in funds of real or personal property for the primary purpose of (Purposets) of corporation authorized in home state or country to be carried out in the state of Florida) Supporting youth and family dividing ment. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Giles Kibbe 3700 SE Floridian Drive Palm City (City) Florida Gip Code)	(Date of Incorporation) (Date of Incorporation) (Date of duration. if other than perpetual) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liabil 501 Crawford St., Suite 500, Houston, Texas 77002 (Principal office street address) (Current mailing address, if different) To solicit, receive, maintain and preserve gifts and bequests in funds of real or personal property for the primary purpose of (Purposets) of corporation authorized in home state or country to be carried out in the state of Florida) Supporting your and family development. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Giles Kibbe 700 SE Floridian Drive Palm City (City) Florida Florida 14990 (Zip Code) Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the fixing patient in this application, I hereby accept the appointment as registered agent and agree to act in this capanither agree to comply with the provisions of all statutes relative to the program and complete performance of an acceptance content of the provisions of all statutes relative to the program of a complete performance of an acceptance of the content of the program of complete performance of the content of the program of complete performance of the program of the	(Date of Incorporation) (Date of Incorporation) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty 501 Crawford St., Suite 500, Houston, Texas 77002 (Principal office street address) (Current mailing address, if different)
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11. 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.

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

	Giles Kibber 501 Crawford St.		Name:
□Vice Chairman Addr	501 Crawford St.		
			Address:
	ston, TX 77002	Director	Houston, TX 77002
■President		□President	· · · · · · · · · · · · · · · · · · ·
□Vice President		Vice President	
□Secretary	□Treasurer	■ Secretary	□Treasurer
Other:	Other:	□Other:	□Other:
□Chairman Nan	Michael Slaughter	Chairman	Name:
	501 Crawford St.		Address:
	ston, TX 77002		
□President		□President	
□Vice President		□Vice President	
□Secretary	■ Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□Chairman Nan	ne:	Chairman	Name:
	ess:		Address:
□Director		Director	
□President		President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	☐ Other:	Other:	□Other:
Non-indexed individuals	may be added to the index when fili ture of Chairman, Vice Chairman, o	ing your Florida Department o	12 of the application)



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Astros Golf Foundation (file number 803104813), a Domestic Nonprofit Corporation, was filed in this office on August 29, 2018.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate GILES KIBBE as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

501 CRAWFORD ST STE 500

HOUSTON, TX - 77002 77002 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 15, 2025.



gene Helson

Jane Nelson Secretary of State

Fax: (512) 463-5709 TID: 10268 Dial: 7-1-1 for Relay Services Document: 1509595610003