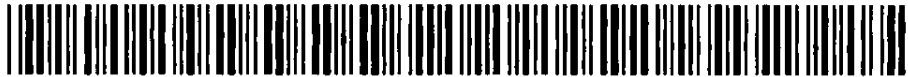


P22000018218

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Lynzaire Inc.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Lynzaire Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

80 Evelyn Court80 Evelyn CourtOldsmar, FL 34677Oldsmar, FL 34677**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Drone Services**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lynzi Grant - Director

Name and Title: _____

Address 80 Evelyn Court

Address: _____

Oldsmar, FL 34677

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
COUNTY OF PINELLAS, FLORIDA

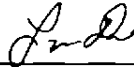
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

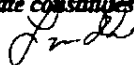
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Lynzi GrantAddress: 80 Evelyn CourtOldsmar, FL 34677**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Lynzi GrantAddress: 80 Evelyn CourtOldsmar, FL 34677**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*_____
Required Signature/Registered Agent

2/28/22

Date*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*_____
Required Signature/Incorporator

2/28/22

Date