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COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SUBJECT:

DOMESTICATION OF ESKERRON INC FROM WY TO FL

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication

\$ 50.00

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee

\$128,75

OPTIONAL:

Certificate of Status

\$ 8.75

From: PRABHAT SHARMA

Name (printed or typed)

Address

109 CALLIEL WAY

City, State & Zip

SAINT JOHNS, FL 32259

Daytime Telephone Number

612-800-2034, INFO@ESKERRON.COM

E-mail address: (to be used for future annual report notification)

INHS53 (3/20)

Articles of Domestication Foreign Corporation Domesticating to Florida

The undersigned, PRABHAT SHARMA (Name)			PRESIDENT	
	,	(Name)	(Title)	
of ES	SKERRON INC		, a foreign	
corpo	ration, in accordance wi	th s. 607.11922, Flo	rida Statutes, submit these Articles of	
Dome	estication.			
1.	Then name of the domesticating corporation is ESKERRON INC			
		<u> </u>	(Foreign Corporation)	
2.	The jurisdiction and da	te of its formation i	s WYOMING 12-28-2017	
3.	3. The name of the domesticated corporation is ESKERRON INC			
4.	The jurisdiction of forn	nation of the domes	sticated corporation is Florida	
5.	The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.			
6.	Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.			
certi	fy I am authorized to sign	n these Articles of D	omestication on behalf of the corporation.	
		—	norized Signature)	

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL E	E:
ESKERRON INC	
ESKERNON ING	
ARTICLE II PRINCIPAL OFF	CE
THE PRINCIPAL PLACE OF BUSINESS/MAIL	ING ADDRESS IS:
Principal Address	Mailing Address
109 CALLIEL WAY	109 CALLIEL WAY
SAINT JOHNS FL 32259	SAINT JOHNS FL 32259
ARTICLE III PURPOSE	
THE PURPOSE FOR WHICH THE CORPORA	TION IS ORGANIZED:
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 1	000000
	AGENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRE	CSS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS
PRABHAT SHARMA	
	· · · · · · · · · · · · · · · · · · ·
109 CALLIEL WAY	<u> </u>
SAINT JOHNS FL 32259	
	AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
	AS REGISTERED AGENT AND AGREE TO ACT IN THIS —
CAPACITY. ^	no rec
- 12 in -	05/24/2022
Signature/Registered Agent	
Signature/ Registered Agem	13416

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: PRABHAT SHARMA (DIR) PRABHAT SHARMA (P) Name & Title: Name & Title: 109 CALLIEL WAY 109 CALLIEL WAY Address: Address: SAINT JOHNS FL 32259 SAINT JOHNS FL 32259 PRABHAT SHARMA (TRE) Name & Title: Name & Title: 109 CALLIEL WAY Address: Address: SAINT JOHNS FL 32259 PRABHAT SHARMA (SEC) Name & Title: _____ Name & Title: 109 CALLIEL WAY Address: Address: SAINT JOHNS FL 32259 PRABHAT SHARMA (VP) Name & Title: Name & Title: 109 CALLIEL WAY Address: Address: SAINT JOHNS FL 32259 I submit this document and affirm that the facts stated herein are true. I am 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. 05/31/2022 Date Signature/Authorized Person

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, EDWARD A BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do nereby certify that according to the records of this office.

Eskerron, Inc.

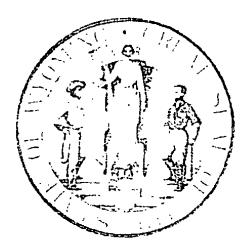
is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **December 12, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017**-000779907

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 Wyorning and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of June, 2022 at 4.4.1 PM



Edware A. Burlan

Secretary of State

Anneleisa Renner

State of Wyoming

Office of the Secretary of State



United States of America. State of Wyoming

SS.

I, EDWARD A, BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuances of this certificate have been fulfilled.

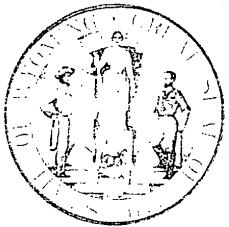
CERTIFICATE OF INCORPORATION

Eskerron, Inc.

(Filed: December 12, 2017)

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed The Great Seal of the State of Wyoming, Done at Cheyenne, the Capital, this 9th day of June, A.D. 2022.



Edward X. Bulano

Secretary of State

By Amiliase Minilia

Anneleisa Renner