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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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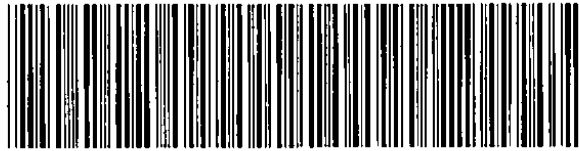
(Business Entity Name)

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Astro Investment banking Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Dillon Bieber

Name (Printed or typed)

111 Bay Port Lane

Address

Mooreville, NC 28117

City, State & Zip

1-651-363-1106

Daytime Telephone number

dbiebes@icloud.com

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

23 JAN 20 AM 12:14
SECRETARY OF
TALLAHASSEE

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NOTE: Please provide the original and one copy of the articles.

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23 JAN 20 AM 12:24
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Astro Investment Banking Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
44 North Federal Highway
Pompano Beach, FL 33062 US
Suite 295

Mailing address, if different is:

111 Bay Port Lane
Mooreville, NC 28117 US

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and

all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dillon Bieber, P

Address: 111 Bay Port Lane
Mooreville, NC 28117 US

Name and Title: Dillon Bieber, P

Address: 111 Bay Port Lane
Mooreville, NC 28117 US

Name and Title: Dillon Bieber, S

Address: 111 Bay Port Lane
Mooreville, NC 28117 US

Name and Title: Richard Daren Klum, T

Address: 3900 North Woods Drive
Arden Hills, MN 55112 US
Suite 215

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Zen Business INC.

Address: 336 East College Ave Suite 301

Tallahassee, FL 32301 US

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dillon Bieber

Address: 111 Bay Port Lane

Mooresville, NC 28117 US

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

KHADISJEH HEMMATI

Required Signature/Registered Agent

01/19/2023

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.

[Signature]

Required Signature/Incorporator

Date

01/19/2023

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23 JAN 20 AM 12: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA