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FLORIDA PROFIT/NON PROFIT CORPORATION
ASTROLAB SC CORP

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2023 NOV 16 2023
T. MATTHEWS

FILED

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

2023 NOV 15 PM 4:34

ARTICLE I NAME

The name of the corporation shall be: ASTROLAB SC CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

2903 W POINT EAST DR K207 AVENTURA, FL 33160

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOEL MCGRAW (P)

Name and Title:

Address

2903 W POINT EAST DR K207 AVENTURA, FL 33160

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

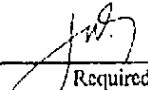
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JOEL MCGRAWAddress: 2903 W POINT EAST DR K207 AVENTURA, FL 33160

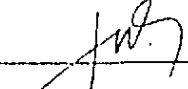
ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: JOEL MCGRAWAddress: 2903 W POINT EAST DR K207 AVENTURA, FL 33160

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_____
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_____
Date