

P230000 83053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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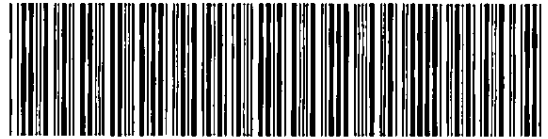
(Business Entity Name)

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ALLIANCE

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Joseph Jacobs CEO/ Owner
(Name) (Title)

of ASTR Institute, a foreign corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of Domestication.

1. The name of the domesticating corporation is ASTR Institute Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is State of Idaho, 9/10/2020
3. The name of the domesticated corporation is ASTR Institute Inc
4. The jurisdiction of formation of the domesticated 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.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

[Signature]
(Authorized Signature)

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401 W. WASHINGTON
TALLAHASSEE, FL 32301

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

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

ASTR Institute *INC.*

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address
614 E HWY 50 #169

Mailing Address
614 E HWY 50 #169

Clermont, FL 34711

Clermont, FL 34711

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Healthcare company focuses on research, invention, education and providing healthcare services to clients

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Joseph Jacobs

12345 Sunshine Dr Clermont, FL 34711

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature Registered Agent

Joseph Jacobs

Date

10/13/25

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ADVISORY

