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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.\*\*

Email Address: NOREEN@waw-us.com

SECRETARY OF STATE ASSIDANCE TO PRESENTE T

## FLORIDA PROFIT/NON PROFIT CORPORATION LUNA PROJECT INC.

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

H24000232605

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

| The name of the corporation shall be:   | LUNA PROJECT INC.                 |  |  |
|---|-----------------------------------|--|--|
| Principal street address 01 Brickell Key Drive, Ste 700 iami, FL 33131            | Mailing address, if different is: |  |  |
|   | onsulting                         |  |  |
|   |                                   |  |  |
| RTICLE IV SHARES  no number of shares of stock is: 1500 at No Par Value           |                                   |  |  |
| RTICLE V INITIAL OFFICERS AND/OR DIRECT Name and Title: Sophia Dewani - President | ORS  /Director Name and Title:    |  |  |
| Address 453 FDR Drive, Apt. C-107 New York, NY 10002                              | Address:                          |  |  |
| ······································  |                                   |  |  |
| Address   | Name and Title:Address:           |  |  |
| Hd 6'-  |                                   |  |  |
| Name and Title:   | Name and Title:                   |  |  |
| Address   | Address:                          |  |  |

| H24000232605 |  |
|--------------|--|
| M24000232003 |  |

| Name and           | Title:   | Name and Title:             |                                 |
|--------------------|--|-----------------------------|---------------------------------|
| Address            | and the state of t | Address:                    |                                 |
|                    | 424-244-444-444-4-4-4-4-4-4-4-4-4-4-4-4  |                             |                                 |
|                    |  |                             |                                 |
|                    |  |                             |                                 |
|                    | EGISTERED AGENT  |                             |                                 |
|                    | orida street address (P.O. Box NOT acceptable) Sophia Dewani   | of the registered agent is: |                                 |
| Name:              | 601 Brickell Key Drive, Ste 700  | _                           |                                 |
| Address:           | Miami, FL 33131  | <del></del>                 |                                 |
|                    |  |                             |                                 |
|                    | <u>NCORPORATOR</u>   |                             |                                 |
| The name and add   | dress of the Incorporator is:  |                             |                                 |
| Name:              | Sophia Dewani  |                             |                                 |
| Address:           | 453 FDR Drive, Apt. C-107  |                             |                                 |
|                    | New York, NY 10002   | <del></del>                 |                                 |
| ARTICLE VIII       | EFFECTIVE DATE:  |                             |                                 |
|                    | other than the date of filing: tte is listed, the date must be specific and can  |                             | or or 90 days after the         |
| filing.)           |  | or                          | or or you day, a discrete       |
|                    | nserted in this block does not meet the applicablective date on the Department of State's record   |                             | this date will not be listed as |
|                    | ed as registered agent to accept service of process<br>miliar with and accept the appointment as regist  |                             |                                 |
|                    | - <del></del>  |                             | July 8. 2024                    |
| Required Signature | Registered Agent Sophia Dewani   | <del></del>                 | Date                            |
| I submit this docu | ment and affirm that the facts stated herein a<br>epartment of State constitutes a third degree felo   |                             |                                 |
|                    | -1.11  |                             | July 8, 2024                    |
| Required Signatur  | c/Incorporator<br>Sophia Dewani  | <del></del>                 | Date                            |