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то:	-	ration Section on of Corporations				
SUBJI	FCT·	MISSION SPACE U.S. Corp	•			
.5000	ECT.	Name of	corporation -	must include suffix		
Dear S	ir or Ma	dam:				
"Certif	icate of	Application by Foreign Corp Existence." or "Certificate of ed foreign corporation to tra	f Good Stand	ing" and check are subn		
Please	return al	I correspondence concernin	g this matter t	o the following:		
FILIPE	SENNA	4				
			Name of P	erson		
		<u></u>	Firm/Comp	iony.		
1007 N	N Orang	e St. 4th Floor Suite #1382	rinii/Comp	any		
			Addres	SS		
Wilmin	ngton, De	elaware, 19801				
			City/State an	d Zip code		
agent@	@firstbas		· · · · · · · · · · · · · · · · · · ·			
		E-mail address:	(to be used fo	r future annual report no	otification)	
For fur	ther info	ormation concerning this ma	tter, please ca	II:		
FILIPE	E SENNA	Α	929	de Daytime Telephone Number		
	Name	of Person	Area Code	Daytime Teleph	one Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please r		heck for the following amounts of payable to: FLORIDA DEI ng Fee	PARTMENT (Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

MISSION SPA	ACE U.S. Corp		
	orporation; must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY." "CORPORATI	On,"
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transac	eting business in Florida)
DELAWARE	3		
(State or counti	y under the law of which it is incorporated) 5		
(Date	e of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) ,, F.S., to determine penalty lial	bility)
7. 111 NE 1st St,	8th Floor Suite #89051, Miami, Florida 33132	, United States	
··	(Principal office	street address)	
		14 12 12	
	(Current mailing a	address, if different)	
8. Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Firstbase Agent LLC		10 ~
Office Address:	111 NE 1st St, 8th Floor Suite #88592	-	PLI 102191124 DEC SEASIGNATA
	Miami	33132 . Florida	
	(City)	(Zip code)	30
9. Registered ag	ent's acceptance:		
Having been nan	ned as registered agent and to accept service application. I hereby accept the appointment	of process for the above sta	ited corporation to the place
further agree to c	comply with the provisions of all statutes rela r with and accept the obligations of my positi	tive to the proper and comp	plete performan æ of my duties
	Filipe Ser	1na	
_	(Registered agent's sign		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Alex Pospekhov □ Chairman Chairman Name: rue de Capucines 1 □Vice Chairman Address: _ ☐ Vice Chairman Address: ___ Strassen □ Director ■ Director Luxembourg ■ President □President 8043 ☐ Vice President ☐ Vice President ■ Secretary ■ Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Chairman Name: _____ □ Chairman Name: _____ ☐ Vice Chairman Address: □Vice Chairman Address: □ Director Director □ President □ President □ Vice President _____ □Vice President ☐ Treasurer □ Secretary ☐ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other Name: Name: _____ □ Chairman □ Chairman □Vice Chairman Address: _____ □Vice Chairman Address: □Director □ Director □President □ President □Vice President _____ □ Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □ Other _____ □ Other □Other ____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director of Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.

FILIPE SENNA - AUTHORIZED REPRESENTATIVE



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MISSION SPACE U.S. CORP" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MISSION SPACE

U.S. CORP" WAS INCORPORATED ON THE NINETEENTH DAY OF NOVEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 205023386

Date: 12-03-24