

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **profit corporation**.
2. The name of the entity is
ORBITAL RISK CAPITAL, INC.
3. The state or country under whose law the entity is organized is **Florida**.
4. The date of organization is **8/29/2023** and the period of duration is **perpetual**.
5. The mailing address of the entity's principal office is
605 Crescent Executive Ct, Ste 104, Lake Mary, FL 32746
6. The street address of the entity's registered office in Kentucky is
212 N 2nd St, Ste 100, Richmond, KY 40475
and the name of the registered agent at that office is **Registered Agents Inc.**

7. The names and business addresses of the entity's representatives:

Officer	Christopher Hagle	605 Crescent	Lake Mary	FL	32746
		Executive Ct,			
		Ste 104			

8. This application will be effective on **Friday, April 12, 2024**.

As the Authorized Representative, I, **Christopher Hagle**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **President**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the **Registered Agent** on behalf of this Entity.