



SECRETARY OF THE STATE OF CONNECTICUT

CERTIFICATE OF INCORPORATION STOCK CORPORATION

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

Name: SWYFT FILINGS
Address: 1000 N WEST ST SUITE 1200
City: WILMINGTON
State: DE **Zip:** 19801
Country:

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1. NAME OF CORPORATION:
 STARLAND UNION INC

2. TOTAL NUMBER OF AUTHORIZED SHARES:
 50000

IF THE CORPORATION HAS MORE THAN ONE CLASS OF SHARES, IT MUST DESIGNATE EACH CLASS AND THE NUMBER OF SHARES AUTHORIZED WITHIN EACH CLASS BELOW.

CLASS	NUMBER OF SHARES PER CLASS:
Common	50000

3. TERMS, LIMITATIONS, RELATIVE RIGHTS AND PREFERENCES OF EACH CLASS OF SHARES AND SERIES THEREOF PURSUANT TO CONN. GEN. STAT. SECTION 33-665:

4. NAICS CODE **NAICS SUB CODE**
 NONE NONE

5. APPOINTMENT OF REGISTERED AGENT: [PLEASE SELECT ONLY ONE (A OR B) AND PRINT OR TYPE NAME OF AGENT.]

A. INDIVIDUAL'S AGENT NAME:

BUSINESS ADDRESS: (P.O. BOX UNACCEPTABLE)

Address: NONE
City:
State: **Zip:**
Country:

RESIDENCE ADDRESS: (P.O. BOX UNACCEPTABLE)

Address: NONE
City:
State: **Zip:**
Country:

MAILING ADDRESS (REQUIRED) (P.O. BOX ACCEPTABLE)

Address: NONE
City:
State: **Zip:**
Country:

B: BUSINESS ENTITY: LEGALCORP SOLUTIONS, LLC

BUSINESS ADDRESS

Address: 615 W JOHNSON AVE SUITE 202
City: CHESHIRE
State: CT **Zip:** 06410
Country: USA

CT MAILING ADDRESS (P.O. BOX ACCEPTABLE)

Address: 615 W JOHNSON AVE SUITE 202
City: CHESHIRE
State: CT **Zip:** 06410
Country: USA

ACCEPTANCE OF APPOINTMENT [This document has been executed and filed electronically]

SIGNATURE OF AGENT: TRAVIS CRABTREE & MANAGING MEMBER

6. ELECTION OF BENEFIT CORPORATION STATUS(MUST check box if applicable.):

- The Corporation elects to be a Benefit Corporation. In addition to any other stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act. [NOTE: If the corporation also seeks to have one or more specific public benefit(s) in addition to the general public benefit, then the corporation must set forth the specific public benefit(s), if any, in Box 6, below, under "Other Provisions".]

7. OTHER PROVISIONS:

8. CORPORATION EMAIL ADDRESS - REQUIRED: (IF NONE, MUST STATE "NONE.")

STARLANDUNION@GMAIL.COM

9. INCORPORATORS:

Name of Incorporator	Address of Incorporator
SONIA BECERRA	Address: 3 GREENWAY PLAZA #1320 City: HOUSTON State: TX Zip: 77046 Country:

EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) [This document has been executed and filed electronically]

Dated This 07 **Day Of** January, 2020

NAME OF INCORPORATOR (print/type)	SIGNATURE (required)
SONIA BECERRA	SONIA BECERRA