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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

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

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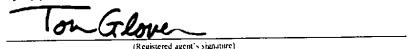
Foreign Limited Liability Company AE & Associates LLC 0 Certificate of Status 0 Certified Copy 04 Page Count \$125.00 Estimated Charge

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: **AE & Associates LLC** (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") California (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) _{6.} 506 Queensland Circle 506 Queensland Circle Corona CA 92879 Corona CA 92879 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg (City)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Nicole Tran	Manager	Name:	
X Member	Address: 506 Queensland Circle	☐ Member ☐ Authorized	-	
Authorized	Corona CA 92879			
Person		Person		
Other	Other	Other		Other
☐Manager	Name: Ester Ardevela	☐ Manager	Name:	
[X]Member	Address: 506 Queensland Circle	☐ Member	Address: _	
Authorized	Corona CA 92879	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Person Other Important Notice: indexed individual 9. Attached is a ce jurisdiction under of the translator m	Use an attachment to report more than six (6). s may be added to the index when filing your fittificate of existence, no more than 90 days old the law of which it is organized. (If the certificate the submitted)	Person Other The attachment will be inflored Department of State is in a foreign languation of the control of	maged for repo ate Annual Rep he official hav ge, a translatio	Otherorting purposes only. cont form. ing custody of record n of the certificate un
submitted in a doc	ument to the Department of State constitutes a	third degree felony as pro	ovided for in s.	817.155, F.S.

Typed or printed name of signee



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: AE & ASSOCIATES LLC

 File Number:
 200004210057

 Registration Date:
 02/10/2000

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of March 30, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 31, 2022.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Z7GG616

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.