



Ares, Inc.
4489 S Atlantic Ave
Ponce Inlet, FL 32127
Phone: 404-403-4967
Email: senior@aresmobilitysolutions.com

To: Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Date: February 27, 2016

Subject: **Ares Mobility Solutions, Inc.**

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person: **Michael W. Senior, Managing Partner**

Firm / Company: **Ares Mobility Solutions, Inc.**

Address: **4489 S Atlantic Ave**

City / State and Zip code: **Ponce Inlet FL 32127**

E-mail address: (to be used for future annual report notification): senior@aresmobilitysolutions.com

For further information concerning this matter, please call: Michael W. Senior (404) 403 4967

Enclosed is a check for the Filing Fee, Certificate of Status and Certified Copy - \$87.50

Sincerely

A handwritten signature in black ink, appearing to read "Michael W. Senior".

Michael W. Senior

President / CEO

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.

1. Ares Mobility Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware (State or country under the law of which it is incorporated)
3. 46-2809756 (EIN Number)
4. 17 January, 2013 (Date of Incorporation)
5. Perpetual (Date of Duration, if other than perpetual)
6. None
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4489 S Atlantic Ave Ponce Inlet FL 32127
(Principal office address)
- (Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael W. Senior

Office Address: 4489 S Atlantic Ave
Ponce Inlet, Florida 32127
(City) (Zip code)

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

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 under the law of which it is incorporated.

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2016 MAR -2 P 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Managing Partner: Michael W. Senior

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

Managing Partner: Duncan J. McNabb

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

Director: Shirlene D. Ostrov

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

B. OFFICERS

President: Shirlene D. Ostrov

Address: 4489 S Atlantic Ave Ponce Inlet, FL 32127

Vice President: N/A

Address:

Secretary: N/A

Address:

Treasurer: N/A

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____



Signature of Director or 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 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.

13. Michael W. Senior

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Delaware

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The First State

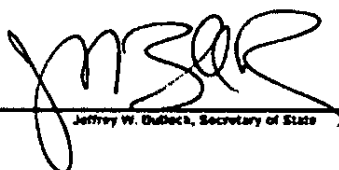
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARES MOBILITY SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARES MOBILITY SOLUTIONS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2013.

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




Jeffrey W. Bullock, Secretary of State

5276113 8300

SR# 20161163366

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201889553

Date: 02-25-16