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(Re	equestor's Name)	•	
(Ad	dress)		
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(Cit	ty/State/Zip/Phone #	<u>, </u>	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Name)	
(Do	ocument Number)		
Certified Copies	_ Certificates o	f Status	
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AutoGravity Corp	oration				
		must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	f Good Standi				
Please return all correspondence concerning	this matter to	the following:			
Tammy Arrigo		•			
	Name of Per	rson			
McGlinchey Stafford PLLC					
	Pirm/Compa	пу			
601 Poydras St. 12th Floo	or .				
	Address	· .			
New Orleans, LA 70130		•			
. (City/State and	Zip code			
steven.c.poling@daimler.co	m				
E-mail address: (to be used for	future annual report notification)			
For further information concerning this mat	ter, please call	l:			
Tammy Arrigo	504	596-2821			
Name of Person	Area Code	Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314			
Enclosed is a check for the following amount	at:				
\$70.00 Filing Fee S78.75 Filing F Certificate of S		Certified Copy S87.50 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.

1. AutoGrav	vity Corporation			
	orporation; must include "INCORPORATED," "Corp," "Inc." "Cor," or "Corp.")	OMPANY," "CORPORATIO	N,"	•
47-5454 ⁻	140			
(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transacti	ng business in Florida)	
₂ Delaware	3.	·		
(State or countr	y under the law of which it is incorporated)	(PEI number, if a	pplicable)	•
4 October:	20, 2015 _{5.}			
(Date	of incorporation) (Date of duration, if other than perpetual)		•	
49 Discov	(Date first transacted business in Fig. (SEE SECTIONS 607.1501 & 607.1502, Pery, Suite 150, Irvine, Ca 926	F.S., to determine penalty liabil	lity)	•
7. 10 210001		lice address)		
•• . ••		•		
	(Current mailing ad	dress, if different)		المسلمان ا
8. Name and stree	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)		Lugaret (F)
Name:	C T Corporation System	<i>,</i> .		1
Office Address:	1200 South Pine Island Road	•	77.70	
• • •	Plantation	, Florida 33324	RA W	
	(City)	(Zip code)	O3	
designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service of application, I hereby accept the appointment comply with the provisions of all statutes relate amiliar with and accept the obligations of my	as registered agent and agive to the proper and compl	ree to act in this capa ete performance of m	city. I

Michael E. Jones

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to chive yor this approach 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS Chairman: * See attached Management Chart	
Chairman: See attached Wallagement Chart	<u> </u>
Address:	· · · · · · · · · · · · · · · · · · ·
Vice Chairman:	
Address;	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
	5 11 11 November 11
Vice President:	
Address:	in the second se
	, , , , , , , , , , , , , , , , , , ,
Secretary:	ORIII
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.
12. Nih & 572 this Signature of Director or Officer	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 ab	ove) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document	nt to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.S. Nicholas Stellman, Chief Operating Officer	
(Typed or printed name and capacity of person signing a	application)

AutoGravity Corporation Management Chart

Peter Zieringer

SCASS Conjointe Dilive, Fernalington HIIIs, MI ASSEI

Brian-Stevens

Director. ISS Corporate Drive, Farmington Hills, MI 48381 Nicholas Stellman Chief Operating Officer 49 Discovery, Ste. 150 Irvine, CA 92618

Andreas Hinrichs

Chief Executive Officer

(19) DEGOVERY, Ste., 1150 Invine, CA 92618

Steven Pollng Segretery 49 Obsovery, Ste. 150 Irvine, CA 92618

Lukas Wickart Chief Financial Officer (19 Discover, Ste. 1150 livine, CA 92

FORETARY OF STATE AND A STATE FLORIDA

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FILED

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

DELAWARE, DO HEREBY CERTIFY "AUTOGRAVITY CORPORATION" 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 FIFTH DAY OF DECEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203447345

Date: 12-05-16

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