F18000001460

(Re	equestor's Name)			
(Ac	ddress)			
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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Office Use Only



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S LARRIS

Incorporating Services, Ltd.

1540 Glenway Drive & Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com

incserv^o

ORDER FORM

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM N

Madison Buzek

mbuzek@@incserv.com

302.531.3150

REQUEST DATE 3/21/2018

PRIORITY Routine

OUR REF. # (Order ID#). 635757

ORDER ENTITY

AOE INC. D/B/A AOE US, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

AOE INC. D/B/A AOE US, INC. (FL)

File the attached foreign qualification document

Please provide a certified copy as evidence.

Short Form Good Standing Certificate

NOTES:

\$87.50 Authorized - Please honor the original submission date as the file date.

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, March 27, 2018 Page 1 of 1



March 22, 2018

INCORPORATING SERVICES MELISSA STOPS

SUBJECT: AOE FL INC.

Ref. Number: W18000027990

We have received your document for AOE FL INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is P15000077761.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00005762

2816 HAR 21 AM 8: 55

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.

AOE Inc.			
(Enter name of c	orporation; must include "INCORPORATED," "orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
AOE US Inc.			
(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	siness in Florida)
Delaware	3. <u></u>	27-2117305	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applications)	able)
3/15/2010	5		<u> </u>
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	
3/1/2018			
333 Las Olas Wa	y, CU3, Fort Lauderdale, Florida 33301	office address)	
٠	(······•	,	
	(Current mailing	address, if different)	20 20 H
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	H HAR
Name:	Incorporating Services, Ltd.		RZI
Office Address:	1540 Glenway Drive		
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	5 A S

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Vice Chairman: Address: Clemens Queissner Director: 333 Las Olas Way, CU3 Fort Lauderdale, FL 33301 Address: Director: **B. OFFICERS** President: Clemens Queissner 333 Las Olas Way, CU3 Fort Lauderdale, FL 33301 Vice President: Address: _ Treasurer: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Clemens Queissner, President

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



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

DELAWARE, DO HEREBY CERTIFY "AOE 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-FIRST DAY OF MARCH, A.D. 2018.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGE INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 2010.

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

Authentication: 202363195

Date: 03-21-18