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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations					
NAURA Akrion Inc					
SUBJECT:N	ame of corporation	- must include suffix	<del></del> -		
Dear Sir or Madam:					
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporatio	ficate of Good Stan	ding" and check are sub			
Please return all correspondence cor Rence Hunter	ncerning this matter	to the following:			
	Name of I	Person			
NAURA Akrion Inc					
	Firm/Com	pany			
6330 Hedgewood Drive, #150					
	Addre	SS			
Allentown, PA 18106					
	City/State ar	nd Zip code			
rhunter@naura-akrion.com					
E-mail ac	idress: (to be used f	or future annual report r	notification)		
For further information concerning	this matter, please c	all:			
Renee Hunter	610 at (	530-3356			
Name of Person	Area Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the followin	g amount:				
	Filing Fee & cate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

NAURA Akrion Inc

1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

	ble in Florida, enter alternate corporate	name adopted for the purpose of transacting business in Flo	arida)		
Delaware		82-2774740 3			
(State or country	under the law of which it is incorporate	ted) (FEI number, if applicable)			
09/06/2017		5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
01/16/2018					
	(Date first transacted bus	siness in Florida, if prior to registration)			
	,	: 607.1502, F.S., to determine penalty liability)			
330 Hedgewood	Drive, #150, Allentown, PA 18106		<u>.</u>		
		(Principal office address)			
	(	(Principal diffee address)	•-		
	(	(Principal office address)		2311	
		nt mailing address, if different)	- <u>2</u> 4 - <del>1</del> 8	2018 A	
			100 M 100 M 10 M 10 M 10 M	75 70	
Name and <u>stree</u>		nt mailing address, if different)		72×	
	(Curren	nt mailing address, if different)	TO MAN TO SERVICE STATE OF THE	AFR 2 5	
Name and <u>stree</u> Name:	(Current address of Florida registered agen  Corporation Service Company	nt mailing address, if different)	William State of Co.	AFR 16 PH	
Name:	(Curren t address of Florida registered agen	nt mailing address, if different)	THE SHARE SHARE	AFR 116 PH 2:	
	(Current address of Florida registered agen  Corporation Service Company	nt mailing address, if different)	THE PROPERTY OF GRADE	AFR 16 PH	; ;

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.

By: (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 Address: \_\_\_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_\_\_ Michael Ioannou Director: 6330 Hedgewood Drive, #150 Address: Allentown, PA 18106 William James Whittle Director: 6330 Hedgewood Drive, #150 Address: Allentown, PA 18106 **B. OFFICERS** President: Address: Vice President: 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. W. JAMES UHITTLE CFO (Typed or printed name and capacity of person signing application)

Page !

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NAURA AKRION 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-SECOND DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NAURA AKRION INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 202147552

Date: 02-22-18

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SR# 20180772171