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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Auva Spectra, Mc Name of corporation - must include suffix
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:
Tanel Jungels
Name of Person
Aura Socctra, Inc.
106 leist St. F., Lot 32
Address
- Palmetto, PL 3422
City/State and Zip code
i)-mail address: Jo be used for future annual report notification)
For further information concerning this matter, please call:
Janus of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Registration Section
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee \$ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee.

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.

L. Auxa Spectra. Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," ("Inc.," "Corp.," "Inc,," "Co,," "Corp.," "Inc,," "Co,," or "Corp.")
THE CO., COMP. MIC, CO., OF COMP.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busine Christian)
2 Washington 3 47-378-36E3
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4
(Date of incorporation) (Date of duration, if other than perpetual)
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 711 Herrick Rd. Port Angeles Wit 99703
7. 211 Herrick Rd. Port Angeles, WA 95803 (Principal office address)
ioo Fam View Dr. (Lust St E) Lot 32, Palme Ho, Fl (Current mailing address, if different) 3472
(Current mailing address, if different) 34722
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Tanci Tungas
Office Address: 100 Palm VILW Dr. W 32
City). Florida 3477. (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 of 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: FNV SCVENS	
Address: 100 10187 87 E 107-37	
Paymento FL 34221	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
	ECRE F
B. OFFICERS	
President: Janel Jungels	TOP - M
Address: $100 \text{ LOIST ST} \in \text{LOT } 32$	
·	Om an
Palmetto, PL 34TZI	
Vice President;	
Address:	
Secretary: Janus Jungals	
Address: 100 loist St & Lot 37, Palm	etto, EL34221
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.
12 <u>beechkeng</u>	19
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 about 11 about 12 about 13 about 14	ove) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S.	nt to the Department of State constitutes
13 Janel Jungels,	Proceden +
(Typed or printed name and capacity of person signing a	pplication)





Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AURA SPECTRA, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/17/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

01/18/2019

UBI Number: 603 498 455



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 01/18/2019