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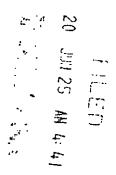
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 6/25 Received Ceru Academ UCC





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COVER LETTER

	stration Sectionsion of Corpor							
SUBJECT:	Autonomous	CRE+, Inc.						
		Name o	f corporation	m - m	ust include suffix			
Dear Sir or M	fadam:							
"Certificate o	of Existence,"		of Good St	anding	horization to Transact Tand check are subn Florida.			
Please return	all correspon	dence concernit	g this matt	er to t	he following:			
Christine M. C	Conners							
			Name o	f Pers	on			
Autonomous 0	CRE+, Inc.							
			Firm/Co	mpan	y			
3301 NE 32nc	l Avenue, Suite	602						
			Ado	Iress			L)	
Fort Lauderda	le, FL 33308					•	0	
			City/State	and 2	lip code			
sje@acreplus.	=					,	25	i
		E-mail address:	(to be used	i for f	uture annual report no	otification)	£	Ö
For further in	formation con	ncerning this ma	itter, pleasi	call:		, ,	4:4	
Christine M. O	Conners	;	401 at ()	835-6398		_	
Nam	ie of Person		Area Co	ode	Daytime Teleph	one Number		
Regin Divis The G 2415	stration Section sion of Corpor Centre of Tall	rations ahassee treet, Suite 810	i:		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		
	heck payable to	following amo FLORIDA DE S78,75 Filing Certificate o	PARTMEN Fee &	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87,50 Fi	te of S	tatus &

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.

pted for the purpose of transac	ting busines	13	
-3534707		S In Pioi	rida)
-3534707 (FEI number, if	applicable)		
(Date of duration, if other	er than perpe	etual)	
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Florida 33308			
(Zip code)			
t as registered agent and ag	ted corpore gree to act	± ation at in this	caj
	orida, if prior to registration) F.S., to determine penalty liab treet address) ddress, if different) ox. NOT acceptable) , Florida 33308, (Zip code) of process for the above state as registered agent and agive to the proper and comp	orida, if prior to registration) F.S., to determine penalty liability) treet address) ddress, if different) ox NOT acceptable) Florida 33308 (Zip code) of process for the above stated corporates registered agent and agree to active to the proper and complete performing the state of the state of the proper and complete performing the state of t	F.S., to determine penalty liability) treet address) Ox. NOT acceptable) Florida (Zip code) of process for the above stated corporation at as registered agent and agree to act in this ive to the proper and complete performance

under the law of which it is incorporated.

DI	D	L'	(···	111	D	:

— Chairman	Name Stephen J. Cleary	□Chairman	Name Christine M. Conners
□Vice Chairman	Address: 3301 NE 32nd Avenue	■Vice Chairman	Address. 3301 NE 32nd Avenue
■ Director	Suite 602	■Director	Suite 602
■ President	Fort Lauderdale, FL 33308	□President	Fort Lauderdale, FL 33308
∃Vice President		■ Vice President	
3 Secretary	■ Treasurer	■ Secretary	☐ Treasurer
Other	Other	::Other	□Other
3Chairman	Name	⊒Chairman	Name
DVice Chairman	Address:	□Vice Chairman	Address
Director		□Director	
President		□President	2
IVice President		□Vice President	
1Secretary	□Treasurer	□)Secretary	☐Treas(Fr
Other	Other	□Other	□Other <u>≥</u>
			£ 5.
l Chairman	Name	□Chairman	Name
Vice Chairman	Address.	□Vice Chairman	Address.
Director		Director	
l President		□President	
2Vice President		DVice President	
Secretary	□Treasurer	□Secretary	(E)Treasurer
Other	□Other	□Other	□Other
mportant Notice ndividuals may be	Use an attachment to report more than each (6). The added to the index when filing your Fly ida Dep	e attachment will be image eartment of State Amutal Re	d for reporting purposes only. Non-indexed port form:

13. — Comped or printed naise and capacity of person signing application)



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

DELAWARE, DO HEREBY CERTIFY "AUTONOMOUS CRE+, 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 TWELFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTONOMOUS CRE+, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2016.

Authentication: 202919111

Date: 05-12-20



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2020

CHRISTINE M CONNERS AUTONOMOUS CRE+, INC. 3301 NE 32ND AVENUE, SUITE 602 FORT LAUDERDALE, FL 33308 US

SUBJECT: AUTONOMOUS CRE+, INC.

Ref. Number: W20000058175

We have received your document for AUTONOMOUS CRE+, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Laura D Chang Regulatory Specialist II

6/25 Pecerved DC

Letter Number: 120A00011482

RECEIVED
JUN 25 2020