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COVER LETTER

	egistration Section vision of Corpora						
SUBJEC	T.	Aurora Technolo	gies, Inc				
SOBJEC		Name of corporati	on - mu	st include suffix			
Dear Sir o	r Madam:						
"Certificat	e of Existence," of	by Foreign Corporation for "Certificate of Good St rporation to transact busing	anding"	and check are sub	et Business in Florida." mitted to register the		
Please retu	ırn all correspond	ence concerning this mat	er to the	e following:			
Dina L	aicas						
		Name o	of Perso	n			
Aurora	Technologies, Inc.						
	•	Firm/Co	mpany				
19 Ind	ustrial Drive						
		Ado	lress				
Pacifi	c. MO 63069						
	•	City/State	and Zi	o code			
dina.h	ucas@ati-1.com						
	I	E-mail address: (to be use	d for fut	ure annual report r	notification)		
For furthe	r information con	cerning this matter, pleaso	call:				
Dina Lucas	;	at (636	25	257-8928			
N	ame of Person	Area Co	ode /	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please mak	e check payable to:	following amount: FLORIDA DEPARTME? \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified 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.

Aurom Teelm	-				
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATE orp," "Inc." "Co," or "Corp.")	b," "COMPANY," "CORPORATION,"			
(If name mayail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business is	n Florida)		
Missouri		43-3479593			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
04.4071988		Perpetual 5.			
	of incorporation)	5. Perpetual (Date of duration, if other than perpetu	al)		
No business tru					
19 Industrial Driv	(SEE SECTIONS 607.1501 & 607 e, Pacific, MO 63069	in Florida, if prior to registration) 1502, F.S., to determine penalty liability) flice street address)			
	(Current mai	ling address, if different)			
. Name and stree Name:	et address of Florida registered agent: (f Business Filings Incorporated	O. Box <u>NOT</u> acceptable)	2021 HāY		
Mice Address:	1200 South Pine Island Road		20 /		
	Plantation	, Florida	- 2.		
	(City)	(Zip code)	, ce		

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 factive 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.

Brenna Letter ast Secretary (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.

A. DIRECTORS								
□ Chairman	Name: Thomas White Jr	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:	19 Industrial Drive				
Director	Pacific, MO 63069	Director		Pacific, MO 63069				
■ President		□President						
■ Vice President		□Vice President						
□Secretary	Treasurer	■ Secretary		□Treasurer				
□ Other	□Other	Other		Other				
□Chairman	Name:	□Chairman	Name;					
	Address:	□Vice Chairman						
Director		Director						
□ President		□President						
		_						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other	□Other	Other		Other				
□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director		·				
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other	Other	Other		□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.								
12	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								

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 of 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.

Thomas C. White, Jr., President





John R. Ashcroft Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

AURORA TECHNOLOGIES, INC. 00313531

A Missouri entity was created under the laws of this State on 4/1/1988, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 19th day of May. 2021.

Secretary of State

Certification Number: CERT-IN83338

