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COVER LETTER ,

TO:	Registration Section Division of Corporations	
SUBJI	ECT: AVBVrn Industries Name of corporation	Inc
3020	Name of corporation	must include suffix
Dear Si	ir or Madam:	
"Certif	closed "Application by Foreign Corporation for A icate of Existence," or "Certificate of Good Stand referenced foreign corporation to transact busines	ing" and check are submitted to register the
Please	return all correspondence concerning this matter	o the following:
Ric	Chie Rile	
	Name of F	
AVI	BURN Industries Inc Firm/Comp Vuncerpool St Address	20
	Firm/Comp	pany C
208	Vunterpool St	ا الله الله الله الله الله الله الله ال
n/ev	Address ARK NT 07114	d Zip code COM r future annual report notification)
1,0,0	City/State an	d Zip code
AUB	Urh Industries Inco C-Mail.	COM r future annual report notification)
	ther information concerning this matter, please ca	
Rill	hie Rice 2197	V 4417-7268
	Name of Person at (1/7 Area Code	Daytime Telephone 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 n		\$78.75 Filing Fee & 16 \$87.50 Filing Fee.
	Certificate of Status	Certified Copy 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transaction of the purpose of trans	-
2. New Tersey (State or country under the law of which it is incorporated) 3. 46-5493320 (FEI number, if	'annlicable)
4. $\frac{4/\lambda 3/\lambda 014}{\text{(Date of incorporation)}}$ 5. (Date of duration, if oth	er than perpetual)
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lial	bility)
7. 208 Vanderpool St, Newark N.J. O (Principal office street address)	
	2021
(Current mailing address, if different)	202 JUN - 7 PM 2: 00
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	2 7
Name: RIChie RICE	N N
Name: Richie Rice Office Address: 10960 TOWN terr 201	PH 2: 00
W4)/104 + 100 (City), Florida 334/4 (Zip code)	
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above sta designated in this application, I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligations of my position as registered agent.	gree to act in this capacity. I
Richard And (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: Krystul Rill	□Chairman	Name:	
□Vice Chairman	Address: 104 AVBVIN AVE	□Vice Chairman	Address:	
□Director	Staten Island Ny 10314	□Director		
#President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		□Treasurer
□Other	Other	Other		□Other
□Chairman	Name: Richard Rice Address: 10960 TOWN tary	□Chairman		
□ Director	A0 + 201	□ Director		
	Wellington FL 33414	□President		
	,	□Vice President		
Secretary	□Treasurer	☐Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman □Vice Chairman □Director	Name:	□Chairman □Vice Chairman □Director	Name:	2021 JUN -7 PH 2:
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other		□Other
		ortment of State Annual Ro	port form.	
	Signature of Direc			
	ctor signing this document (and who is listed in nu also information submitted in a document to the Do			
13.	Ribburd Rile	Ville Rres	, dent	

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH CHARTER DOCUMENTS

AUBURN INDUSTRIES INC.

0101032107

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 23, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

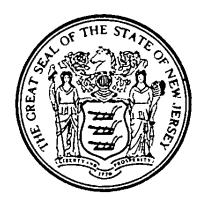
RICHARD RICE 208 VANDERPOOL ST NEWARK, NJ 07114

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

Annual Report filing with officer/member change	02/25/2015	
Annual Report Filing with address change	02/25/2015	
CHANGE OF AGENT AND OFFICE	01/03/2017	
Annual Report filing with officer/member change	01/03/2017	-252 . 15
Annual Report Filing with address change	01/03/2017 PH 2:	1
CHANGE OF AGENT AND OFFICE	02/12/2020 8	
Annual Report Filing with address change	02/12/2020	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH CHARTER DOCUMENTS

AUBURN INDUSTRIES INC. 0101032107



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of June, 2021

Elizabeth Maher Muoio State Treasurer

Slupe A Mum

Certificate Number: 6119726568

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

2021 JUN -7 PM 2:00