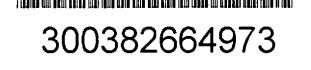
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



COVER LETTER

Division o	on Section of Corporations			
SUBJECT: Auc	fioEye, Inc.			
	Name	of corporatio	on - must include suffix	
Dear Sir or Madan	n:			
"Certificate of Exi		of Good Sta	nding" and check are st	sact Business in Florida," abmitted to register the
Please return all co	orrespondence concern	ing this matte	er to the following:	
James Spolar				
	- Jan	Name of	f Person	
AudioEye, Inc.				
	······································	Firm/Cor	npany	
5210 E. Williams C	ir. #750			
		Addı	œss	· · · · · · · · · · · · · · · · · · ·
Tucson, AZ 5747	85711			
		City/State a	and Zip code	
jspolar@audiocyc.co	om			
	E-mail address	: (to be used	for future annual report	notification)
For further informa	ation concerning this m	atter, please	call:	
Robert K. Garcia		832	2 a Code Daytime Telephone Number	
Name of P	Person	Area Cod	le Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Division of C P.O. Box 63:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	for the following amoryable to: FLORIDA DE e	PARTMENT Fee & E	OF STATE 3 \$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.

(If name unavail:	able in Florida, enter alternate corporate name ad	onted for the purpose of transactir	ng business in Florida)	
Delaware	·	202939845		
(State or country under the law of which it is incorporated) 05/20/2005		(FEI number, if applicable)		
	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
5210 E. Williams	Cir. #750 Tucson, AZ 85711 (Principal office	street address)		
	(Current mailing	iddress, if different)	SELECT TALLAH	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	AH A	
Name:	NRAI Services, Inc.		₩ 5 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
ffice Address:	1200 South Pine Island Rd.	_	A A	
		Florida 33324	TORID TAME	
	(City)	(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.

Jonussel, Assistant 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.

DocuSign Envelope ID: 720522D1-0DEE-47C4-8A8F-5F5FECFD0353

A. DIRECTORS

□Chairman	Kelly Georgevich	□Chairman	Name:
□Vice Chairman	4220 Fisherman's Pier Ct.	□ Vice Chairman	Address:
□Director	Lutz. FI 33558	Director	
□President		□ President	
□ Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□Presid e nt		□President	
□Vice President		□ Vice 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 Soties; individuals may be settly Gut	พลว์	epartment of State Annual Re	d for reporting purposes only. Non-indexed eport form.
	Signature of Di rector signing this document (and who is listed in	rector 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 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.

13. Kelly Georgevich



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

DELAWARE, DO HEREBY CERTIFY "AUDIOEYE, 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 SECOND DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUDIOEYE, INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF MAY, A.D. 2005.

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

Authentication: 202810379

Date: 03-02-22