F22000005718

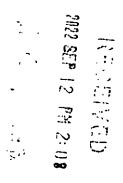
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DATE: 09/12/22

NAME: ARION ELECTRIC, INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ARION ELECTRIC, IN	IC.			
	ame of corporatio	n - must	include suffix	
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certifabove referenced foreign corporation	icate of Good Star	nding" ar	nd check are sul	nct Business in Florida," bmitted to register the
Please return all correspondence con	cerning this matte	r to the f	ollowing:	
Katelen Dunphy				
	Name of	Person		
Morse, Barnes-Brown & Pendleton				
	Firm/Cor	npany	 -	
480 Totten Pond Road, Fourth Floor				
	Addr	ess		
Waltham, MA 02451				
	City/State a	ınd Zip c	ode	
kdunph@morse.law; tyler@arionelectric				
E-mail add	dress: (to be used	for future	annual report	notification)
For further information concerning the	nis matter, please o	call:		
Katelen Dunphy	781	697-	Daytime Telephone Number	
Name of Person	Area Cod	le	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	
	A DEPARTMENT	3 \$78.75	TE Filing Fee & ed 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.

ARION ELEC	TRIC, INC.			
(Enter name of	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavai	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	usiness in Florida)	
Delaware 2.	3 8	7-3397737		
(State or country under the law of which it is incorporated)				
4. (Date of incorporation) 5		(Date of duration, if other than perpetual)		
6				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liability)		
7. 3315 Collins Av	renue, Miami Beach, FL 33140			
	(Principal office	street address)		
		11 10 100	07.7	. 2 . 44
	(Current mailing :	ddress, if different)	SEP SEP	i- 1
8. Name and stre	eet address of Florida registered agent: (P.O. I	Box NOT acceptable)	12	
Name:	Tyler Stern	•	、 星	ì
Office Address:	3315 Collins Avenue	_	2022 SEP 12 MM 9: 39	
	Miami Beach	Florida		
	(City)	(Zip code)		
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointmen comply with the provisions of all statutes rela r with and accept the obligations of my positi	it as registered agent and agree to tive to the proper and complete pe	act in this capaci.	ty. I
_	Tylether			
	(Registered agent's sign:	iture)		

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:	□Chairman □Vice Chairman	Name: Bridger Holly Name: 3315 Collins Avenue	
 □Vice Chairman	Address: 3315 Collins Avenue			
■ Director	Miami Beach, FL 33140	Director	Miami Beach, FL 33140	
■ 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		
□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		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other	Other	
Important Notice: U individuals may be a 12. /s/ Tyler Ster		ment of State Annual Rep	for reporting purposes only. Non-indexed port form.	
	Signature of Directo	or or Officer		
she is aware that fall s.817.155, F.S.	for signing this document (and who is listed in number se information submitted in a document to the Dep	iber 11 above) affirms tha artinent of State constitute	t the facts stated herein are true and that he or es a third degree felony as provided for in	
Tyler Stern				

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARION ELECTRIC, 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 NINTH DAY OF SEPTEMBER, 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 "ARION ELECTRIC,

INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF OCTOBER, A.D.

2021.

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

and core delaware gov/auti

Authentication: 204358256

Date: 09-09-22