Florida Department of State 5846 Rispros Grands Florida Department of State 5846 Rispros Grands Filip Sover or Constants

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	1 Address:		<u> </u>	ຮ
••Enter th annu	e email address al report maili	for this business entity to be used for fungs. Enter only one email address please.**	ture III	= 3
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	Fax Number	: (800)432-3622	: :: :	വ
		: (855)498-5500	ķķ.	
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From:	Account Name	: CAPITOL SERVICES, INC.		2022 SEP
	Fax Number	: (850)617-6383		20
	Division of Co	prporations		

FOREIGN PROFIT/NONPROFIT CORPORATION AINTHOVEN, INC.

***please honor original submission date of 9/15/22

Certificate of Status	0
Certified Copy	1
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H22000319417

COVER LETTER

	tration Section	ions			
	Ainthoven, Inc.				
SUBJECT:		Name of corpora	ion - mu	st include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," o	y Foreign Corporation r "Certificate of Good S poration to transact bus	Standing"	and check are sub-	t Business in Florida," nitted to register the
Please return	all corresponde	nce concerning this ma	tter to the	e following:	
Sara Shelly					
	······································	Name	of Perso	n	
Koenig, Oclsne	er, Taylor, Schoo	enfeld & Gaddis PC			
	_	Firm/C	Company		
999 18th Stree	t, South Tower,	Suite 1740			
	_	A	ddress		
Denver, CO 80	0202				
		City/Sta	te and Zi	p code	
sshelly@kofim	m.com				
	E	-mail address: (to be us	ed for ful	ure annual report ne	otification)
For further in	formation conc	erning this matter, plea	se call:		
Sara Shelly		at (⁷²⁰) 4	77-7149	
Nam	c of Person	Area (Code	Daytime Teleph	ione Number
Regis Divis The C 2415	EET/COURIE stration Section sion of Corpora Centre of Tallal N. Monroe Str hassee, FL 323	tions nassee ect, Suitc 810		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclosed is a Please make cl	heck payable to:	ollowing amount: FLORIDA DEPARTMI S78.75 Filing Fee & Certificate of Status	□ \$78	STATE .75 Filing Fee & rtified Copy	S87.50 Filling Fcc, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H22000319417

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.

5 .1	iore in Prorida, enter attendite corporate tiatta	e adopted for the purpose of transacting b	asiness in Floridal)
Delaware ————	y under the law of which it is incorporated)	(FEI number, if appli	
		·	
May 5, 2022	5	. (Date of duration, if other tha	
(Date	of incorporation)	(Date of duration, if other that	n perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
06 Deleon Road	, Cocoa Beach, FL 32931	, ,	
		Tice street address)	
	` .		246 2
	(Current mail	ing address, if different)	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	SS 1-15
Name:	Zachary Ernst		
Name.	106 Delcon Road		33 3
fice Address:	Too Deleon Road		ω
	Cocoa Beach	, Florida <u></u>	-ే, చ
	(City)	(Zip code)	

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.

(Registered agent's signature)

Leslie Sellers 8004323622 DocuSign Envelope ID: C0482988-F638-43C7-82CA-602320AE95F5

(07/08) 09/16/2022 10:43:37 AM H22000319417

A. DIRECTORS			1122000010417		
□ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address: 106 Deleon Road	□Vice Chairman	Address:		
Director	Cocoa Beach, FL 32931	Director	Cocoa Beach, FL 32931		
□President		President			
□Vice President		□Vice President			
Secretary	☐ Treasurer	☐ Secretary	☐Treasurer		
Other CCO	Other	Other	Other		
□ Chairman	Name: Marklyton Holmes Jr.	□Chairman	Name: Bhavya Trivedi		
□Vice Chairman	Address: 4414 W. McElroy Ave	□Vice Chairman	Address: 5525 Marleon Drive		
Director	Tampa, FL 33611	Director	Windermere, FL 34786		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	□ Secretary	□Тгеавшег		
Other	Other	Other	Other		
Chairman	Name:	[]Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
☐Director		□ Director			
□President		□President			
□Vice President		□Vice President			
☐ Sccretary	☐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 with added to the index when filing your Florida Department of State Annual Report form. 12. Eathory Event					
DE DOSA / CAR	Signature of Director of	Officer			
The officer or dire	ctor signing this document (and who is listed in number alse information submitted in a document to the Departr	11 above) affirms the ment of State constitu	and the facts stated herein are true and that he or stes a third degree felony as provided for in		

s.817.155, F.S.

Zachary Ernst, Secretary 13. _

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

H22000319417

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AINTHOVEN, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2022.

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

WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2022.

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

6780716 8300

SR# 20223528396

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204397259

Date: 09-15-22