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Account#: 120000000088

Date: 04/25	5/2023	
Name: M	erritt Walker	
Reference #:		<u> </u>
Entity Name:	AE HO	LDCO III, INC.
	corporation/Authorizatio	
Amendment		
Change of A	gent	
Reinstateme	nt	
☐ Conversion		
☐ Merger		
Dissolution/	Vithdrawal	
☐ Fictitious Nar	me	
Other		
Authorized Amount: Signature:	\$120	
Signature:	un	

F: 800,944,6607

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	AE HOLDCO III, INC.			
30301.017		of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Standi	ng" and check are submit	Business in Florida," ated to register the
Please return	all correspondence concern	ing this matter to	o the following:	
GHADA SKA	FF			
	·	Name of Po	erson	
LIESER SKAF	F ALEXANDER			
		Firm/Comp	any	
403 N. HOWA	RD AVE			
		Addres	;	
TAMPA, FL 3.	3606			
		City/State and	Zip code	
jay@architecte	quity.com			
	E-mail address	s: (to be used for	future annual report noti	fication)
For further inf	ormation concerning this n	natter, please cal	1:	
GHADA SKAI	FF	at ()	
Name	e of Person	Area Code	Daytime Telephon	e Number
Regist Divisi The C 2415 I	ET/COURIER ADDRES tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 lassee, FL 32303		MAILING ADD Registration Secti Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amore payable to: FLORIDA Ding Fee S78.75 Filin Certificate of	EPARTMENT O		\$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 unavai	lable in Fiorida, enter alternate corporate name a	dopted for the purpose of transacting business	in Florida)
DELAWARE		85-1672298	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
6/23/2020	5.		
(Dat	e of incorporation)	(Date of duration, if other than perpet	ual)
8/1/2022			
14201 MYERLA	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) KE CIRCLE CLEARWATER, FL 33760	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
	(Principal office	e street address)	2023
	•	address, if different)	- 2 - 2
Name and stee	et address of Florida registered agent: (P.O.	BOX NOT acceptable)	PH
Name and stre	LIESER SKAFF ALEXANDER		,-
	LIESER SKAFF ALEXANDER 403 N. HOWARD AVE		- 5 .
Name:		 Florida ³³⁶⁰⁶	

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.

(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:	□ Chairman	Name:
□Vice Chairman	Address: 14201 MYERLAKE CIRCLE	□Vice Chairman	Address:
□Director	CLEARWATER, FL 33760	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
Other AR	Other	□Other	Other
LJChairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
[]President		□President	
□Vice President		□ Vice President	
Sccretary	□Treasurer	□Sccretary	[]Treasurer
Other	□Other	□Other	□Other
□Chairman	Namc:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□ Presid e nt	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other		□Other	□Other
Important Notice: Individuals may be	an attachment to report more than six (6). The added to the index when filing your Florida Depart	tment of State Annual Re	I for reporting purposes only. Non-indexed port form.

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. Jay Yook, AR

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AE HOLDCO III, 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 TWENTY-FIFTH DAY OF APRIL, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AE HOLDCO III, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2020.

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

Authentication: 203209870

Date: 04-25-23

3113649 8300 SR# 20231615068