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2023 MAY 16 AM 10: 50 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: AVEN AUTO INC.				
Name of corporation - m	nust include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register the			
Please return all correspondence concerning this matter to	the following:			
AUTO LICENSING				
Name of Per	son			
AVEN AUTO INC.				
Firm/Compar	ny			
330 PRIMROSE ROAD STE 412				
Address				
BURLINGAME, CA 94010				
City/State and	Zip code			
AUTOLICENSING@AVEN.COM				
E-mail address: (to be used for	future annual report notification)			
For further information concerning this matter, please call:				
MURTADA SHAH at (800) 556-9109				
Name of Person 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			
	F STATE. 78.75 Filing Fee & \$87.50 Filing Fee. Certified Copy Certified Copy 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.

	orporation; must include "INCORPO	RATED," "C	COMPANY," "CORPORATION	N."	•
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")				
(If name unavaila	ible in Florida, enter alternate corpor	ate name adoj	pted for the purpose of transacting	ng business in Florida)	
2. DELAWARE		3.			_
(State or country	y under the law of which it is incorpo	3 orated)	(FEI number, if ap	pplicable)	
4. 12/21/2021		5			
(Date	of incorporation)		(Date of duration, if other than perpetual)		
6. not applicable -		vusinges in Ele	orida, if prior to registration)		
			F.S., to determine penalty liabil	ity)	
7. 330 PRIMROSE	ROAD SUITE 412. BURLINGAME	E, CA 94010		<u></u>	_
	(Prir	ncipal office s	treet address)		
548 Market Stree	t, PMB 995555, SAN FRANCISCO	. CA 94104	11 20 1100		
	(Curr	ent mailing ac	Idress, if different)		
8. Name and stree	et address of Florida registered ag	ent: (P.O. B	ox <u>NOT</u> acceptable)	2023 MAY 16 AM 10: 50 SECRETARY OF STATE TALLARY SEER FL	
Name:	CT Corporation System		_	西西	- 1
Office Address:	1200 South Pine Island Road		_	16 33	
	Plantation		Florida <u>33324</u>	ANIO: 50	
	(City)		(Zip code)	7.0	
9. Registered ag	ent's acceptance:			一点 60	
Having been nan	ed as registered agent and to acc	ept service o	of process for the above state	d corporation at the	place
further agree to c	application, I hereby accept the omply with the provisions of all s	statutes rela	tive to the proper and comple	te performance of m	y duties,
and I am familiai	with and accept the obligations	oj my positi	on as regisierea ageni.		
	Der	nise Bell			
_		agent's signa	iture)		
	(Registered	agein a signa	nuic,		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	1					
□Chairman	Name: Sadi Khan	□Chairman	Name: Murtada Shah			
□Vice Chairman	Address: 330 Primrose Rd Suite 412	□ Vice Chairman	Address: 330 Primrose Rd Ste 412			
Director	Burlingame, CA 94010	□Director	Burlingame, CA 94010			
□President	2000	□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: individuals may be	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment and the index when filing your Florida Departm	ent of State Annual R	ed for reporting purposes only. Non-indexed eport form.			
12. Signature of Director or Officer						
Signature of Director or Officer						
she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numbralse information submitted in a document to the Department of Secretary	tment of State constit				
13.	$\mathcal{L}_{\mathcal{L}}$	ヒノベにユ				

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AVEN AUTO 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-NINTH DAY OF MARCH, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203035256

Date: 03-29-23