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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ayro, Inc.			
Name of corporati	on - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the		
Please return all correspondence concerning this mat	ter to the following:		
Bill Riley			
Name	of Person		
Ayro, Inc.			
Firm/C	ompany		
900 E. Old Settlers Boulevard, Suite 100			
Ad	dress		
Round Rock, TX 78664			
City/State	and Zip code		
bill.riley@ayro.com			
E-mail address: (to be use	d for future annual report notification)		
For further information concerning this matter, pleas	e call:		
Bill Riley at (512) 653-0683		
Name of Person Area C	ode 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		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME: \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

Delaware	able in Florida, enter alternate corporate name add	opted for the purpose of transactir 8-0204758	ng business in Florida)	
	y under the law of which it is incorporated)	(FEI number, if applicable)		
12/18/1997	•			
(Date	of incorporation) 5	(Date of duration, if other than perpetual)		
N/A				
	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502		ity)	
00 E. Old Settle:	s Boulevard, Suite 100, Round Rock, Texas 7860			
	(Principal office			
		<u> </u>		
	(Current maining a	address, if different)		
X 1		a atom iii a		
Name and stree	et address of Florida registered agent: (P.O. I Corporation Service Company	30x <u>NOT</u> acceptable)		
Name:	Corporation Service Company		77 792 782	
fice Address:	1201 Hays Street		3 AU CRE	
	Tallahassee	, Florida	2023 AUG 17 PM SECRETARY OF TALLAHASSEI	
	(City)	(Zip code)	Y SSY	
	ent's accentance		PH OF S	
Registered aga		of process for the above stated		
Registered ago	ea as registerea agent ana to accept service			
ving been nam ignated in this	ea as registerea agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela	nt as registered agent and agre	ee to act i mi his cap a	

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.

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

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 900 E. Old Settlers Byld.	□Vice Chairman	Address:	
Director	Suite 100	□Director		
□President	Round Rock	□President		
□Vice President	Texas, 78664	□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	□Other	□()ther		□Other
□Chairman	Name: Bill Riley	□Chairman	Name:	
□Vice Chairman	Address; 900 E. Old Settlers Byld.	□Vice Chairman	Address:	
□Director	Suite 100	□Director		
□President	Round Rock	□President		
□Vice President	Texas, 78664	□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
∑Other <u>Control</u>	llerOther	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		•••
□Vice President		□Vice President		2222222
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Riley Signature of Director of Signature of Director of Direct	ent of State Annual R	eport form,	•
	Signature of Director of	or Officer		
The officer or direction is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depar	er 11 above) affirms the tment of State constitu	nat the facts state ates a third degre	d herein are true and that he or e felony as provided for in
13		Total Control of the		
	(Typed or printed name and capacity of pers	on signing application	1)	



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

DELAWARE, DO HEREBY CERTIFY "AYRO, 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 SEVENTEENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AYRO, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 1997.



Authentication: 203756820

Jeffrey W. Bullock, Secretary of State

Date: 07-17-23