Florida Department of State

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T¢:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ______bmolina@aeicorporation.com

FOREIGN PROFIT/NONPROFIT CORPORATION **AELCORPORATION**

Certificate of Status	U
Certified Copy	I
Page Count	04
Estimated Charge	\$78.75

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 "INCORPORATED,"	COMPAN	NY," "CORPORATI	ion,"	
'Inc.," "Co.," 'Co	orp," "Inc," "Co," or "Corp.")				
AE1 Dis	tributers Corp				
(If name unavaila	ble in Florida, enter alternate corporate name add	pted for the	he purpose of transac	ting business in Florida)	
CA	3				
(State or country	y under the law of which it is incorporated)		(FEI number, if	(applicable)	
01/03/1966	5				
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
August 1st, 2023	3				
	(Date first transacted business in F				
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to c	ictermine penalty has	bility)	
2641 Du Bridge A	ive., IRVINE, CA, 92606				
	(Principal office	street and	iress)		
	(Current mailing a	ddress, it	different)		
	(I cm : : : : : : : : : : : : : : : : : :	3 200	F a raymanhla)		
Name and stree	t address of Fiorida registered agent: (P.O. I	30x <u>NO 8</u>	[_ассертавте)		
Namo:	CT Corporation System	_		20 5	
ffice Address:	1200 South Pine Island Road			2023 OCT 12 PM Services Services	
	Plantation	FI.	33324	<u> </u>	
	(City)	 '	(Zip code)	3.4	
				SEE P	
. Registered age Javina haan nam	ent's acceptance: ed as registered agent and to accept service	of proces	ss for the above sta	ited cornoration at the place	
esignated in this	application, I hereby accept the appointmen	it as regi	stered agent and a	gree to act in this capacity.	
erther agree to co	omply with the provisions of all statutes rela	tive to th	e proper and comp	plete performance of my du	
nd I am familiar	with and accept the obligations of my posit	ion as rej	gisterea agent.		
	C T Corporation System A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 (N)	11 -		
3		WW	Christine Kel	lm - Assistant Secretary	
1	By: Ordered 0		- Chilotaic Itel	/ toolotant book otary	

^{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	Pete Arnold Name:	⊒Chairman	Name:				
□Vice Chairman	Address: 2641 Dt. Bridge Ave.	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·			
□Director	Irvine, CΛ 92606	□Director					
□President		□President					
☐Vice President		□Vice President					
Secretary	☐ Treasurer	☐ Secretary		□Treasurer			
□Other	□ Other	□Other		Other			
□Chairman •••••••••••••••••••••••••••••••••••	Name: 2641 Du Bridge Ave. Address:	□Chairman □Vice Chairman					
□Director	Irvine, CA 92606	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□ Secretary		☐ Treasurer			
□Other	Other	Other		()ther			
☐ Chairman	Bryan Molina	□Chainnan	Name:				
□Vice Chairman	Address:	∐Vice Chairman	Address:				
Director	Irvine, CA 92606	□Director					
□President		□Presiden:		4000			
■Vice President		□ Vice President					
☐ Secretary	Treasurer	☐ Secretary		☐Treasurer			
□ O(her		□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 may be added to the index when filing your Florida Department of State Annual Report form.							
12.							
Signature of Director or Officer: 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 can she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.							

Vice President



Secretary of State Certificate of Status

I. SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: AEI, CORPORATION

Entity No.: 0502309 **Registration Date:** 01/03/1966

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 26, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 132656424