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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 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. \*\*

skeefe@ausinc.com Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION AUS VALUATION SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

# 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.

AUS Valuation	Services, Inc			
	orporation; must include "INCORPORATED," " orp," "luc," "Co," or "Corp,")	COMPAN	Y," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name adu	opted for the	ne nurpose of transacting by	isiness in Florida)
NI 27		- -1943906		
2. (State or countr	y under the law of which it is incorporated)	~ <del>~~~</del>	(FEI number, if applies	able)
1/30/67 4.	5			
(Date	of incorporation)	(Da	te of duration, it other than	perpetual)
6				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if p . F.S., to d	rior to registration) etermine penalty liability)	1023 SE
, 155 Gaither Drive	e, Suite A, Mt.Laurel, NJ 08054	, , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	2023 OCT SECRE
/·	(Principal office	street add	ress)	19
				77 2
	(Current mailing a	ddress, if	litlerent)	SER S
0		N Alexi		77 77
8. Name and stree	et address of Florida registered agent: (P.O. I	30X <u>NO I</u>	_acceptante)	一語の
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Road			
	Plantation	FI.	33324	
	(City)	_,	(Zip code)	

#### 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.

C.P.Corporation System

Lisa D. DuBois, Assist. Sec.

(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	155 Gaither Drive, Suite A	□Vice Chairman		
□Director	Mt. Laurel, NJ 08054	<b>⊡</b> Director		
□President		□President		
□Vice President		□Vice President		
El Secretary	□Treasurer	☐ Secretary	□ Treasurer	
□Other	Other	COther	□Other	
□Chairman	Gordon V. Smith	□Chaiman	Jennifer Baxter Name:	
□Vice Chairman	155 Gaither Drive, Suite A	□Vice Chairman	Address:	
Director	Mt. Laurel, NJ 08054	□ Director	Mt. Laurel, NJ 08054	
□President		□ President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary	□ Treasurer	
Other	□Other	□Other	(]Other	
☐ Chairman	Frank Giordano Name:	□Chairman	Victoria Brennan Name:	
□Vice Chairman	155 Gaither Drive, Suite A	□Vice Chairman	Address:	
■ Director	Mt. Laurel, NJ 08054	LDDirector	Mt. Laurel, NJ 08054	
□President		LIPresident		
☐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 attack added to the index when filing your Florida Department Signature of Director or	nt of State Annual Re	t for reporting purposes only. Non-indexed port form.	
The officer or directly she is aware that far s.817.155, F.S.	etor signing this document (and who is listed in number ilse information submitted in a document to the Departm	14 above) affirms th	at the facts stated herein are true and that he or tes a third degree felony as provided for in	

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### AUS VALUATION SERVICES, INC.

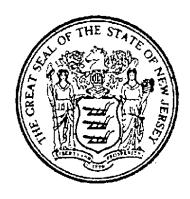
5445080000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 30, 1967.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOHN L. RINGWOOD 155 GAITHER DRIVE SUITE A MOUNT LAUREL, NJ 08054



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of October, 2023

Shak on Men

Elizabeth Maher Muoio State Treasurer