# F24000004254

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only

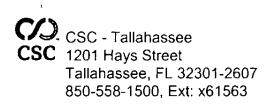


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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 07/26/24 Order #: 1576995-1 Re: AURA AERO INC.

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

#### Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$70.0 - FL State Account Number: I2000000195
Certificate of Good Standing from State of Incorporation

#### Please take the following action:

File in your office on basis Issue Proof of Filing

#### Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

### **COVER LETTER**

10:	-	tration Section on of Corporations			
SUBJE	ECT:	AURA AERO INC.			
50001		Name o	f corporation	- must include suffix	
Dear Si	r or Ma	adam:			
"Certifi	cate of	"Application by Foreign Cor Existence," or "Certificate of eed foreign corporation to tra	of Good Stand	ding" and check are subn	•
Please r	eturn a	all correspondence concernir	ng this matter	to the following:	
Stephan	ie Mess	sas, Esq.			
	•		Name of I	erson	
The Me	ssas La	w Practice, PLLC			
			Firm/Com	pany	
1350 6tl	h Aveni	ae, 2nd Floor, Suite 236			
	-		Addre	ss	
New Yo	rk, NY	10019			
			City/State an	d Zip code	
stephani	ie@mes	ssaslaw.com			
		E-mail address:	(to be used for	or future annual report no	tification)
For furt	her inf	ormation concerning this ma	utter, please ca	all:	
Stephanic Messas		917 at (	917 3245715		
	Name	of Person	Area Code	Daytime Telepho	one 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	
	ake cho	theck for the following amounts by the payable to: FLORIDA DE ing Fee	Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

•	able in Florida, enter alternate corporate name ac	lopted for the purpose of transact	ing business in Florida)
DELAWARE	y under the law of which it is incorporated) 3		<del></del>
	y under the law of which it is incorporated)	(FEI number, if a	applicable)
10/20/2021	of incorporation) 5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liab	ility)
C/O ORBISS, 14	11 BROADWAY, 16TH FLOOR, NEW YORK	, NY 10018	
	(Principal office	street address)	
	(Current mailing	address, if different)	~2
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	FILED 2024 AUG 13 PM
Name:	Corporation Service Company		
ffice Address:	1201 Hays Street	<del></del>	3 PH
	Tallahassee	, Florida	i i ii
		(Zip code)	

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.

Shauna Godbolt-

A. DIRECTORS							
	Jérémy Caussade Name:	□Chairman	Name: Stephanie Messas				
□Vice Chairman	Address: C/O ORBISS	□Vice Chairman	Address: 1350 6th Avenue				
Director	1411 BROADWAY	□Director	2nd Floor, Suite 236				
President	16TH FLOOR	□President	New York, NY 10019				
□Vice President	NEW YORK, NY 10018	□Vice President					
☐ Secretary	□Treasurer	■ Secretary	□Treasurer				
Other	Other	Other	Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: C/O ORBISS 1411 BROADWAY	□Vice Chairman	Address:				
□Director		□Director					
□President	16TH FLOOR	□President					
□Vice President	NEW YORK, NY 10018	□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: 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.  Stephanic Wesses  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 or 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. Stephanie Messas, Esq., Secretary



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

DELAWARE, DO HEREBY CERTIFY "AURA AERO 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 JULY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AURA AERO INC."

WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 204016021

Date: 07-25-24