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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -6 PM 11:16

FILED

Foreign Limited Liability Company
Advanced Electronic Solution Global LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2021 DEC -6 AM 10:35

TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Advanced Electronic Solution Global LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 32-0578727 (FEI number, if applicable)

4. 12/01/2021 (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1333 Gate Drive (Street Address of Principal Office)
Melbourne, FL 32901
6. 1333 Gate Drive (Mailing Address)
Melbourne, FL 32901

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: BlumbergExcelsior Corporate Services, Inc.
Office Address: 155 Office Plaza Drive, 1st Fl.
TALLAHASSEE, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Jose Mojica, Assistant Secretary

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):


Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<input type="checkbox"/> Manager:	Name: Paul Creighton	E Manager:	Name:
<input checked="" type="checkbox"/> Member:	Address: 1333 Gate Drive	E Member:	Address:
<input type="checkbox"/> Authorized Person:	Melbourne, FL 32901	<input type="checkbox"/> Authorized Person:	
<input type="checkbox"/> Other President:	1=10ther	<input type="checkbox"/> Other:	1E1Other
<input type="checkbox"/> Manager:	Name:	<input type="checkbox"/> Manager:	Name:
<input type="checkbox"/> E Member:	Address:	<input type="checkbox"/> Member:	Address:
<input type="checkbox"/> Authorized Person:		<input type="checkbox"/> Authorized Person:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other	<input type="checkbox"/> Other:	<input type="checkbox"/> Other
<input type="checkbox"/> E Manager:	Name:	<input type="checkbox"/> E Manager:	Name:
<input type="checkbox"/> Member:	Address:	<input type="checkbox"/> Member:	Address:
<input type="checkbox"/> Authorized Person:		<input type="checkbox"/> Authorized Person:	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other	<input type="checkbox"/> Other:	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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

Signature of an authorized person



Typed or printed name of signer

PAUL CREIGHTON

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED ELECTRONIC SOLUTIONS GLOBAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVANCED ELECTRONIC SOLUTIONS GLOBAL LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2018.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20213983369

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204872812

Date: 12-06-21