

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aurora Research Associates LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Courtney Zimmerman

Name of Person

Aurora Research Associates LLC

Firm/Company

1436 Graham Road

Address

Silver Lake, OH 44224

City/State and Zip Code

courtney@aurora-llc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Zimmerman

304

685-7410

at (_____)

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Aurora Research Associates 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. OHio 3. 45-3661191
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1436 Graham Road 6. 1436 Graham Road
(Street Address of Principal Office) (Mailing Address)
Silver Lake, OH 44224 Silver Lake, OH 44224

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

Name: InCorp Services, Inc

Office Address: 17888 67th Court North

Loxahatchee 33470
(City) Florida (Zip code)

2022 DEC 12 PM 2:59
LLC

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.

See attached letter.

(Registered agent's signature)

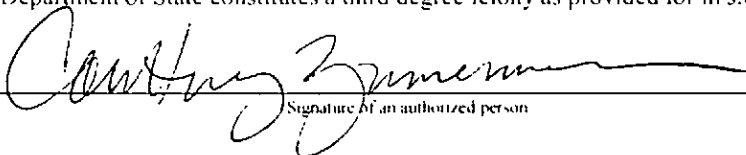
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Courtney Zimmerman	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1436 Graham Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Silver Lake, OH 44224	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Gregory Zimmerman	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1436 Graham Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Silver Lake, OH 44224	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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
Courtney Fint Zimmerman

Typed or printed name of signee



3773 Howard Hughes Parkway Suite 500S
Las Vegas, NV 89169-6014

Phone 702.866.2500
Toll-Free 800.2.INCORP (1-800-246-2677)
Fax 702.866.2689

www.incorp.com

December 7, 2022

Corporations Division

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

InCorp Services, Inc., an authorized Corporate Registered Agent in Florida, whose office
is located at

17888 67th Court North, Loxahatchee, FL 33470
herein consents to act as Registered Agent for

Aurora Research Associates LLC

Having been named as registered agent and to accept service of process for the above
stated corporation at the place designated in this certificate, 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 relating to the proper and complete
performance of my duties, and I am familiar with and accept the obligations of my
position as registered agent as provided for in Chapter 605, F.S.

If you have any questions, please contact me at (800) 246-2677 from 8:00 a.m. to 5:00
p.m. PST.

Sincerely,

A handwritten signature in black ink, appearing to read "Isabel Burgos".

Isabel Burgos on behalf of InCorp Services, Inc.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AURORA RESEARCH ASSOCIATES, LLC, an Ohio Limited Liability Company, Registration Number 2058515, was organized in the State of Ohio on October 31, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 7th day of December, A.D. 2022.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202234103560