Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000284190 3)))



H2400028419034BC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

__ ...

Account Name : COMPUTERSHARE

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)214-8442

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

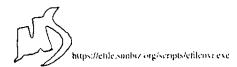
Email	Address:	 		 	-
•					

Foreign Limited Liability Company AA Instruments LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu — Corporate Filing Menu —

Help



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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

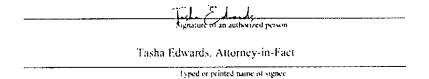
name unavanamie, enier atternate	name adopted for the purpose of transacting business in I lorida. I	he alternate name must include "Eimited Liability Con	npany," "L. L. C," or "LL C."
Indiana		1	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, it applie	cable)
	(Date first transacted business in Florida, if prior to registral (See sections 605 0904-8, 605 0905, F.S. to determine pena	tion) dix liabilay)	
1550 SW Prosperity W	/ay	1550 SW Prosperity Way (Mailing Address)	
eet Address of Principal Office)		(Mailing Address)	
Palm City, FL 34990		Palm City, FL 34990	
	<u></u>	****	
			ب-ت <u>ـ</u>
Name and street address	ss of Florida registered agent: (P.O. Box. NO.	Lacceptable)	7.0
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Hox. <u>NO</u>	<u> acceptable)</u>	7.7 F.7
	ss of Florida registered agent: (P.O. Hox <u>NO*</u> Kenneth A. Norman	<u> acceptable)</u>	14 ESS 2
Name and <u>street addre.</u> Name:	Kenneth A. Norman	Lacceptable)	2024 F.35 26
		acceptable)	77
Name:	Kenneth A. Norman 2400 SE Federal Highway, Fourth Floor	3.199.1	£.
Name:	Kenneth A. Norman	3.199.1	77
Name:	Kenneth A. Norman 2400 SE Federal Highway, Fourth Floor Stuart (City)		FN 4: 3

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:
□Manager	Name:	□Manager	Name:	
■Member	Address: 1550 SW Prosperity Way	□Member	Address:	
□Authorized	Palm City, FL 34990	□Authorized		
Person		Person		
Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□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.

- 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.



State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

AA INSTRUMENTS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 01, 2016, and was in existence or authorized to transact business in the State of Indiana on August 24, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 24, 2024

Diego Morales

DIEGO MORALES SECRETARY OF STATE

2015122100257 / 20243935179

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on September 23, 2024.