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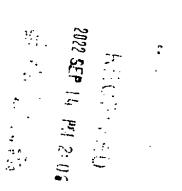
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NEW HORIZONS GLOBAL PARTNERS USA INC.

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporation	S			
SUBJECT: New Horizons Glob	bal Partners USA Inc.			
	Name of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corporations."	ertificate of Good Stand	ing" and check are sub-	et Business in Florida," mitted to register the	
Please return all correspondence	concerning this matter t	o the following:		
Sebastian Meis				
	Name of P	erson		
Baker, Donelson, Bearman, Caldwo	ll, & Berkowitz, PC			
	Firm/Comp	any		
3414 Peachtree Road NE, Suite 150	0			
	Addres	s		
Atlanta, Georgia 30326				
	City/State and	l Zip code		
smeis@bakerdonelson.com				
E-mai	l address: (to be used for	r future annual report no	otification)	
For further information concerning	ig this matter, please cal	ll:		
Sebastian Meis	at (⁴⁰⁴	4436771		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Cot P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	RIDA DEPARTMENT O	OF STATE 578.75 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.

(If name unavai	lable in Florida, enter alternate corporate na	me adapted for the purpose of transacti	ng huginage in Elagida)	
Delaware	ry under the law of which it is incorporated)	32-0671133	ng ousmess in Florida)	
2. (State or count	ry under the law of which it is incorporated)	3(FFI number if a	(FFI number if annicable)	
11/12/2021				
4. (Date of incorporation) 5.		(Date of duration, if other	(Date of duration, if other than perpetual)	
6.				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60°	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabil	lity)	
7. 1700 S Lamar B	lvd #338, Austin. TX 78704, United States			
		office street address)		
			202 356 144	
	(Current ma	iling address, if different)	0020 SEP SECRETAINA	-
8. Name and stre	et address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	P I 4 TARY TASS	
Name:	Corporation Service Company			260
Office Address:	1201 Hays Street		9: 07 71.4 E 6889.7	C
	Tallahassee	. Florida ³²³⁰¹	7	
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept selet as registered agent and to accept selet application, I hereby accept the appoint omply with the provisions of all statute with and accept the obligations of my fliction. Alach Ray	ntment as registered agent and agross relative to the proper and compless position as registered agent.	ee to act in this capac	ity. I
_	(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 Tom Kussmann Jia Bao Wu **■**Chairman ☐Chairman Name: Skalitzer Strasse 85/86 111 Peter Street, Suite 700 □Vice Chairman Address: □Vice Chairman Address: 10997 Berlin Toronto, ON M5V 2H1 ☐ Director Director Germany Canada President □President □ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ Other □Other _____ □Other ______ Antoine J. D. Boquen Name: Sebastian Meis □Chairman □ Chairman 261 Waterloo Street # 303-36 3414 Peachtree Road NE, #1500 □Vice Chairman Address: □Vice Chairman Address: Waterloo Centre Atlanta, GA 30326 Director □ Director Singapore 180261 □ President President □ Vice President □Vice President ☐ Secretary ☐ Treasurer □Treasurer **■**Secretary □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____ 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. 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.

Sebastian Meis

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NEW HORIZONS GLOBAL PARTNERS USA 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 SEVENTH DAY OF SEPTEMBER,

A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW HORIZONS GLOBAL PARTNERS USA INC." WAS INCORPORATED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204335137

Date: 09-07-22

6383429 8300 SR# 20223463945