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(R	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Name	)		
(Document Number)				
Certified Copies	Certificates o	f Status		
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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: AYAN GROUP (Name of corporation)	INC.
(Name of corporation	n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to r transact business in Florida.	Authorization to Transact Business in Florida," egister the above referenced foreign corporation to
Please return all correspondence concerning this matter	to the following:
JESSIC	A TSAI
(Name of	Person)
AYAN	GROUP INC.
(Firm/Co	mpany)
504 E	GROUP INC. mpany) 5. 644 St. #GE ress) YOLK, NY 10009
(Addı	ress)
NEW Y	rock, NY 10009
(City/State	and Zip code)
For further information concerning this matter, please of the concerning this matter than the concerning the conce	
(Name of Person) (Area	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS:  New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") South ouve property concides  $I_{\mathcal{H}_{i}}$  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 20-096812 (FEI number, if applicable) 4. A A DA 5. PERPETUAL

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. BUI SOUTH OUVE AVE #919 WEST PALM BEACH, PL 33401
(Principal office address)

504 E. 674 Gt. #GE NEW YORK, NY 10009
(Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JESSICA TSAI Name: 801 SOUTH OUVE AVE #919 Office Address: WEST PALM BEACH, Florida 33401
(City) (Zin code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. (Registered agent's signature) 11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECT	ORS				
Chairman:	JESSICA JEAN				
Address:	801 SOUTH OLIVE AVE	#919			
	WEST PARM BEACH				
Vice Chairmai	n:				
Address:					
Director:					_
		<del>.</del>	<del></del>		
B. OFFICE	RS				
President:					_
Address:					
<del>-</del>				ALL 06	
Vice President	t:				
Address:				AHASSLE	
				PHI CO	
Secretary:					
Address:					
Treasurer:					
Address:		·			_
NOTE: If no	ecessary, you may attach an addendum to the	application list	ting additional office	ers and/or directors.	
13	1 2	P P			
1.7	(Signature of Director or Officer list	ed in number	12 of the application	1)	
14	JESSILA TSAL		SIDENT		
	(Typed or printed name and capac	ity of person s	igning application)		



PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AYAN GROUP 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-EIGHTH DAY OF FEBRUARY, A.D. 2006.



Warriet Smith Windson Secretary of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4556262

DATE: 02-28-06

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