# F110000002505

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
	·	
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
AH ASSET FLORIDA

MRD 6/16

### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: VINCENT HUANG & A	SSOCIATES, INC.	
Name of corpor	ration - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are subm	
Please return all correspondence concerning this m	natter to the following:	
KIM WHEATLEY		
Nam	e of Person	***************************************
VINCENT HUANG & ASSOCIATION	TES, INC	
Firm/	/Company	
17038 EVERGREEN PLACE		
A STATE OF THE STA	Address	
CITY OF INDUSTRY, CA 91745		
City/St	ate and Zip code	
kim.wheatley@vhacorp.com		
E-mail address: (to be u	ised for future annual report no	tification)
For further information concerning this matter, ple	ase call:	
KIM WHEATLEY at ( 62	6 <sub>)</sub> 638-3700	
Name of Person A	rea Code & Daytime Telephon	e Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AD New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 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	e name adopted for the purpose of transacting business in Florida	a)
2. CALIFORNI		<sub>3.</sub> <u>95-4873812</u>	_
(State or country	under the law of which it is incorporated	d) (FEI number, if applicable)	
4. <u>7/30/2001</u>		5. PERPETUAL	_
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	')
6. <u>UPON FILI</u>	<del></del>		
		siness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
7 17038 EVE	RGREEN PLACE CITY C	OF INDUSTRY, CA 91745	
· · <del></del>	(Principal offi		_
17038 EV	ERGREEN PLACE CITY	OF INDUSTRY, CA 91745	
	(Current maili	ng address)	
Represe (Purpose)	s) of corporation authorized in home stat	te or country to be carried out in state of Florida)	_ <del>.</del>
` ' `	s) of corporation authorized in home statet address of Florida registered agent	70 -	
		70 -	
). Name and stre Name:	et address of Florida registered agent	t: (P.O. Box NOT acceptable)	
). Name and stre Name:	et address of Florida registered agent	t: (P.O. Box NOT acceptable)	
P. Name and stre	et address of Florida registered agent NRAI SERVICES, INC. 515 EAST PARK AVE.	t: (P.O. Box NOT acceptable)	
O. Name and stre Name: Office Address:	et address of Florida registered agent  NRAI SERVICES, INC.  515 EAST PARK AVE.  TALLAHASSEE	t: (P.O. Box NOT acceptable)	- No. 39
Name and stre Name: Office Address:  O. Registered a Having been nam lesignated in this	et address of Florida registered agent  NRAI SERVICES, INC.  515 EAST PARK AVE.  TALLAHASSEE  (City)  gent's acceptance: ned as registered agent and to accept application, I hereby accept the app	t: (P.O. Box NOT acceptable)  , Florida 32301 (Zip code)  t service of process for the above stated corporation at the pointment as registered agent and agree to act in this captutes relative to the proper and complete performance of	e place pacity.
P. Name and stre Name: Office Address:  10. Registered a Having been nan designated in this	et address of Florida registered agent  NRAI SERVICES, INC.  515 EAST PARK AVE.  TALLAHASSEE  (City)  gent's acceptance: ned as registered agent and to accept a application, I kereby accept the approximally with the provisions of all state	t: (P.O. Box NOT acceptable)  , Florida 32301 (Zip code)  t service of process for the above stated corporation at the pointment as registered agent and agree to act in this captutes relative to the proper and complete performance of my position as registered agent.	e place pacity.

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.

FILED 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: VINCENT HUANG Address: 17038 EVERGREEN PLACE CITY OF INDUSTRY, CA 91745 Vice Chairman: NONE Address: \_\_ Director: NONE Director: NONE Address: \_\_ B. OFFICERS President: VINCENT HUANG Address: 17038 EVERGREEN PLACE CITY OF INDUSTRY, CA 91745 Vice President: NONE Address: Secretary: VINCENT HUANG Address: 17038 EVERGREEN PLACE CITY OF INDUSTRY, CA 91745 Treasurer: VINCENT HUANG Address: 17038 EVERGREEN PLACE CITY OF INDUSTRY, CA 91745 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 14. VINCENT HUANG

(Typed or printed name and capacity of person signing application)

## State of California Secretary of State

CERTIFICATE OF STATUS



#### ENTITY NAME:

VINCENT HUANG & ASSOCIATES, INC.

FILE NUMBER:

C2317503

FORMATION DATE:

07/30/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 20, 2011.

DEBRA BOWEN
Secretary of State