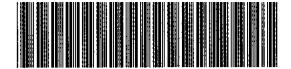
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(Requestor's Name)					
(Address)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
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Special Instructions to Filing Officer:					
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SUBLIGATION STATE ALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT: EA	GENIUS	TECHNOLO	igles, INC.	
SUBSECT:	]	Name of corporat	ion - must include suffix	
Dear Sir or Madam:				
The enclosed "Applie" "Certificate of Existe above referenced for	nce," or "Cert	tificate of Good S	for Authorization to Trans Standing" and check are st siness in Florida.	sact Business in Florida," ubmitted to register the
Please return all corr	espondence co	oncerning this ma	itter to the following:	
	I	-HIN LI	Н	
		Name	of Person	
	ENGEN	IUS TECHNO	Company	
		Firm/C	Company	
	1580	SCENIC A	VENUE	
-	· · · · · · · · · · · · · · · · · · ·	SCENIC A	ddress	
	COSTA N	LESA CA	93636 te and Zip code code ted for future annual repor	
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elinae	ngenius	stech. com	`	
	E-mail a	address: (to be us	ed for future annual repor	t notification)
For further informati	on concerning	g this matter, plea	se call:	
I-MIN LIM		at ( 7)	4 624 7688	
Name of Pe	rson		ea Code & Daytime Tele	
••				
New Filing S Division of C Clifton Build	Corporations ling ive Center Cir		New Filing	Corporations 27
Enclosed is a check	for the followi	ing amount:		
□ \$70.00 Filing Fee		5 Filing Fee & ficate 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

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.  (Et number, if applicable)  (Et number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Principal office address)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Pincipal office Address:  (P.O. Box NOT acceptable)  Name:  (Chtt's Kei  Office Address:  (City)  (City)  (Fincipal office of process for the above stated corporation at the place	IN COMPLIANCE WITH SECTION 607.1503, FLORIDA REGISTER A FOREIGN CORPORATION TO TRANSAC	CT BUSINESS IN THE STATE OF FLOR	
(State or country under the law of which it is incorporated)  (Feb. 0   1999) (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  [1801 NW [6D RD], SUITE 4 MEDLEY, FL 33178 (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)  Name: Chtis Kei  Office Address: [1801 NW [00 Rd], Suite H  Medley , Florida 33178 (City)  (City)	(Enter name of corporation; must include "INCORPORATI "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	Es = -/
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name: Chris Kei  Office Address:   1/80   NW   00 kd   Suite H  Medley   Florida   Torida   Torida			17 Page 19 Pag
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office address)  (Principal office address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  (Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name: Chris Kei  Office Address:   1/80   NW   00 kd   Suite H  Medley   Florida   Florida   Silve	2. DELAWARE	3. <b>3</b> 3-0841614	
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Pincipal office address)  [180] NW [6D R.D., SUITE 4 MEDLEY, FL 33178  (Current mailing address)  [Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  [Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name:		(FEI number, if applicab	le)
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Pincipal office address)  [180] NW [6D R.D., SUITE 4 MEDLEY, FL 33178  (Current mailing address)  [Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  [Purpose(s) of corporation authorized agent: (P.O. Box NOT acceptable)  Name:	4. Feb. 01, 1999	5. PERPETUAL	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 1580 SCENIC AVENUE, COSTA MESA, CA 93636  (Principal office address)  [Red NW 180 RD.] SUITE 4 MEDLEY, FL 33178  (Current mailing address)  8. DISTRIBUTION & EXPORT OF TELECOMMUNICATION & WIRELESS LAN PROBUCT (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)  Name: Chris Kei  Office Address: 1/80 / NW 100 Rd , Suite H  Medley , Florida 33178  (City) , Florida 33178  (City) , Florida 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.	(Date of incorporation)	(Duration: Year corp. will cease to exist	st or "perpetual")
(Current mailing address)  1180   NW 150 RD., SUITE 4   MEDLEY   FL 33178  (Current mailing address)  8. DISTRIBUTION & EXPORT OF TELECOMMUNICATION & WIRELESS LAN PRODUCT (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)  Name: Chris Kei  Office Address: 1/80   NW 100 Rd   Suite H  Medley   Florida 33178 (Zip code)  10. Registered agent's acceptance: Having been named as registered agent and to 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.	6		
1180  NW 160 RD.   SUITE 4   HEDLEY   FL 33178			
1180  NW 160 RD.   SUITE 4   HEDLEY   FL 33178	7. 1580 SCENIC AVENUE, COSTA 1	UESA, CA 92626	
(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)  Name: Chris Kei  Office Address: [180   NW   100 Rd   Suite H  Medley   Florida 33178   (City)   (Zip 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.			
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Office Address:    1/80   NW   1.00 Rd   Suite H	(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida	im feolucy
Office Address:    1/80   NW   100 kd   Suite   H	9. Name and <u>street address</u> of Florida registered agent:	(P.O. Box <u>NOT</u> acceptable)	
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(Pagistand and and and and and and and and and	designated in this application, I hereby accept the appo further agree to comply with the provisions of all statut	pintment as registered agent and agree t tes relative to the proper and complete p	to act in this capacity. I
I BENEVETER SUPPLIE CLOSSINGS	(Registered chart	tte stanatura)	_

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. DIRECTORS Chairman: Address: Vice Chairman: Address: TOMMY Director: SCENIC AUENUE CA 92626 Director: **B. OFFICERS** President: \_ TOMMY TSAI 1580 SCENIC AVENUE Address: MESA, CA 93626 Vice President: TOMMY TSAI Address: 1580 SCENIC AVENUE Secretary: FENG-HSIAO YU Address: 1580 SCENIC AVE., COSTA MESA CA 92626 Treasurer: FENG-HSJAO YU Address: 1580 SCENIC AVE., COSTA MESA, CA 92626 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.

TOMMY TSAI . PRESIDENT

14. \_\_\_\_

## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENGENIUS TECHNOLOGIES, 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-SECOND DAY OF OCTOBER, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENGENIUS TECHNOLOGIES, INC." WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 1999.

2999563 8300

131221700

AUTHENTYCATION: 0832389

DATE: 10-22-13

You may verify this certificate online at corp.delaware.gov/authver.shtml