Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

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	Division of Corporations Fax Number : (850)617-6383	SSE	13	green di
From:		an Hills	2	
	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)205-8842	STATE	7:5715	1
	Fax Number : (850)878-5368		15 OC	7
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annual report	mailings. Enter only one email address pleas	se . * *		
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FOREIGN PROFIT/NONPROFIT CORPORATION

Teikoku Taping System, Inc.

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\$70.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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		rporations Taping System, Inc	•			
SUBJECT:	Terkoku				naluda autiku	
		Name	or corporatio	n - must 1	nclude suffix	
Dear Sir or M	fadam:					
"Certificate of	of Existence	tion by Foreign C ce," or "Certificat on corporation to	c of Good Sta	nding'' ar	nd check are sub	ct Business in Florida," omitted to register the
Please return	all corres	pondence concerr	ning this matte	er to the f	ollowing:	
Lauric M Ross	×					
			Name of	Person		
Teikoku Tapin	g System,	Inc.				
			Firm/Cor	npany		
5090 N 40th S	treet, Suite	140				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Addı	ess		
Phoenix, AZ	35018					
		······································	City/State	and Zip c	ode	
Laurie.Roser@	Teikoku-T	• •				
		E-mail addres	s: (to be used	for future	annual report	notification)
For further in	formation	concerning this r	natter, please	call:		
Laurie M Rose	r		at (480	794-1	1 926 ·	
Name	e of Perso	n	Area Coo	, ie	Daytime Telep	hone Number
Regist Divisi Clifto 2661 l Tallah	tration Secon of Cor on Building Executive nassee, FL	porations g Center Circle . 32301			MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
\$70.00 Fill		the following am \$78.75 Filin Certificate	g Fee & f		Filing Fee & ed Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Changhoo Lee 5090 N 40th Street, Suite 140 Phoenix, AZ 85018 Vice Chairman; ____N/A Address: Changhoo Lee Director: 5090 N 40th Street, Suite 140 Address: Phoenix, AZ 85018 Hochoong Lec Director: 5090 N 40th Street, Suite 140 Address: Phoenix, AZ 85018 **B. OFFICERS** Hochoong Lee President: 5090 N 40th Street, Suite 140 Address: Phoenix, AZ 85018 Vice President: N/A Address: Hochoong Les Secretary: 5090 N 40th Street, Suite 140, Phoenix, AZ 85018 Address: Treasurer: Address: 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 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. 13. Hochoong Lee, President & Secretary (Typed or printed name and capacity of person signing application)

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.

	me of corporation; must include "INCO co.," "Corp.," "Inc.," "Co.," or "Corp.")	ORATED," "COMPANY," "CORPORATION,"	
(If name)	unavailable in Florida enter alternate co	orate name adopted for the purpose of transacting business in Florida)	
Delawar	·	45-3418661	
(State or	country under the law of which it is inc	orated) (FEI number, if applicable)	
4. 05 Octob	рет 2011	5.	
··	(Date of incorporation)	(Date of duration, if other than perpetual)	
6			
		business in Florida, if prior to registration)	
_ 5090 N 40	th Street, Suite 140, Phoenix, AZ 8501	, , ,	
/		(Principal office address)	
Same		<u> </u>	
	(rrent mailing address, if different)	Yr -96.
0)	d <u>street address</u> of Florida registere	Courts (P.O. Poy, NOT accountable)	410
8. Name an	C T Corporation System	gent: (r.o. box Nor acceptable)	i i
Na	me:		ļ .
Office Addr	ess: 1200 South Pine Island Road		الدريعوا
	Plantation	, Florida 33324	
	(City)	(Zip code)	
Having beei designated i further agre	in this application, I hereby accept re to comply with the provisions of I am familiar with and accept the o	ccept service of process for the above stated corporation at the place e appointment as registered agent and agree to act in this capacity. statutes relative to the proper and complete performance of my ligations of my position as registered agent. rporation System	I
		•	

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.

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TEIKOKU TAPING SYSTEM, 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 TWENTIETH DAY OF OCTOBER, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEIKOKU TAPING SYSTEM, INC." WAS INCORPORATED ON THE FIFTH DAY OF OCTOBER, A.D. 2011.

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

at corp.delaware.gov/auth

Authentication: 10268567

Date: 10-20-15

5048917 8300 SR# 20150573959

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