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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Haier US Appliance Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2016 MAY -3 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY -3 AM 8:59

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K. SALLY
EXAMINER
MAY -4

**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.**

1. Haier US Appliance Solutions, Inc.

(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)

2. Delaware

(State or country under the law of which it is incorporated)

3. 81-1692501

(FEI number, if applicable)

4. 01/08/2016

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Appliance Park, AP2-225, Louisville, KY 40225

(Principal office address)

same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

9. 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.

C T Corporation System

By: Carrie Bueh

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS *see attached*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Pan Li

Address: No. 1, Haier Road

Qingdao, China 266101

Vice President: Chunyu MA

Address: No. 1, Haier Road

Qingdao, China 266101

Secretary: _____

Address: _____

Treasurer: Pan Li

Address: No. 1, Haier Road, Qingdao, China 266101

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

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. Gregory Hoffman Authorized by Power of Attorney

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

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2016 MAY -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment
Officers & Directors**

- | | | |
|---|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1 | Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code: | Pan Li
Officer
President / Director
No. 1, Haier Road
Qingdao |
| 2 | Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code: | Pan Li
Officer
Treasurer
No. 1, Haier Road
Qingdao |
| 3 | Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code: | Chunyu MA
Officer
Vice President / Secretary
No. 1, Haier Road
Qingdao |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAIER US APPLIANCE SOLUTIONS, 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-FIFTH DAY OF APRIL, A.D. 2016.

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

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

FILED
2016 MAY -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20162525949

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202203802

Date: 04-25-16