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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special instructions to	Filing Officer:	 -		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	O: Registration Section Division of Corporations					
CLIDI	AUTO DESTINATION EXCI	IANGE INC.				
SOBJ	Name of	corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stan	ding" and check are sub-			
	return all correspondence concernir D D NIELSON	g this matter	to the following:			
		Name of	Person			
LUGT	EN MORIN & NIELSON, LLP					
1212 1	HANCOCK STREET, SUITE 120	Firm/Com	pany			
	- · · · · · · · · · · · · · · · · · · ·	Addre	ess			
QUIN	CY, MA 02169					
		City/State a	nd Zip code			
DAVI	D@LUGTENMORIN.COM	(1 · · · · 1				
	E-mail address:	(to be used	for future annual report n	iotification)		
For fu	rther information concerning this ma	ntter, please o	call:			
DAVID D NIELSON 617 773 6866 at ()						
	Name of Person	Area Cod		none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for the following amo	unt:				
□ \$7	0.00 Filing Fee		\$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.

AUTO DESTINA	AUTO DESTINATION EXCHANGE INC.						
(Enter name of co	rporation; must include "INCORPORATED," "C rp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"					
DELAWARE	ble in Florida, enter alternate corporate name adop						
(State or country	under the law of which it is incorporated)	(FEI number, if applical	ble)				
APRIL 21, 2017							
	of incorporation) 5	(Date of duration, if other than	perpetual)				
N/A 6.							
	(Date first transacted business in Flo	rida, if prior to registration)					
800 EAST CYPRI	(SEE SECTIONS 607.1501 & 607.1502, ESS CREEK ROAD, SUITE 200, FORT LAUDE	•					
7		ffice address)					
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	2011 SE TAL				
<u> </u>	(Current mailing ad	Idress, if different)	- T				
			128 128 138				
8. Name and stree	t address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	SEE P				
Name:	YU DONG		FEST				
Office Address:	800 EAST CYPRESS CREEK RD, SUITE 200	_	ORIO ORIO				
Office Address.	FORT LAUDERDALE, FL	33334	Þ				
	(City)	_ , Florida (Zip code)					
		\ 1 /					
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment of all statutes relations of all statutes relations of all statutes of my	t as registered agent and agree to ive to the proper and complete po	act in this capacity. I				
	Up Jan	t's cianature)					

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS YU DONG Chairman: 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 YU DONG Vice Chairman: 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 YU DONG Director: 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 Address: _ **B. OFFICERS** YU DONG 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 Address: YU DONG Vice President: 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 YU DONG Secretary: 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 YU DONG Treasurer: 800 EAST CYPRESS CREEK RD, SUITE 200, FORT LAUDERDALE, FL 33334 NOTE: If necestary you may anach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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. YU DONG, PRESIDENT AND CHAIRMAN

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTO DESTINATION EXCHANGE 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-SIXTH DAY OF JUNE,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTO DESTINATION EXCHANGE INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF APRIL,

A.D. 2017.

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

2017 JUN 28 PM 2: 52 SECRETARY OF STATE ORIO.

Authentication: 202780781

Date: 06-26-17

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