## F17000004683

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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: B-CLAW INC.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact businesses."	nding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
LOVEYMAE KIMURA	
Name of	Person
B-CLAW INC.	
Firm/Com	pany
10580 MULBERRY AVE	
Addre	ess
FONTANA, CA 92337	
City/State a	nd Zip code
ICEBEARATV17@GMAIL.COM	
	or future annual report notification)
For further information concerning this matter, please of	all:
LOVEYMAE KIMURA at (909	) 823-2903
Name of Person Area Code	Daytime Telephone 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
Enclosed is a check for the following amount:	
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & Sertified Copy 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.

(Enter name of	corporation; must include "INCORPORAT	TED," "COMPANY," "CORPORATION,"
ис., со.,	Corp," "Inc," "Co," or "Corp.")	
N/A		
	ilable in Florida, enter alternate corporate n	same adopted for the purpose of transacting business in Florida)
2. CA/USA	•	
	try under the law of which it is incorporated	3. 81-4506006 (FEI number, if applicable)
4. 11/10/2016		( apprending
	te of incorporation)	5. N/A
5, N/A	· ,	(Date of duration, if other than perpetual)
), IVA	Data first transcent & love	
	(SEE SECTIONS 607.1501 & 60	oss in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
10580 MI II BER	RY AVE, FONTANA, CA 92337	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
		incipal office address)
SAME AG ADA		
SAME AS ABO		nailing address, if different)
	(Curent m	nailing address, if different)
. Name and stree	et address of Florida registered agent:	O D Norm
Name:	EXTREME MOTOR SALES (TINA W	TLSON)
ffice Address:	2327 E. SEMORAN BLVD.	
	· · · · · · · · · · · · · · · · · · ·	<del></del>
	APOPKA	, Florida <u>32703</u>
	(City)	(Zip code)
Registered age	ent's acceptance:	
aving been nam	ed as registered agent and to account or	ervice of process for the above stated corporation at the place
signated in this	application. I hereby accept the appoi	ervice up process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I
ties, and I am fi	ompsy with the provisions of all statute	intment as registered agent and agree to act in this capacity. I es relative to the proper and complete performance of my
·, ····· - • • • • • • • • • • • • • • • •	amiliar with and accept the obligation	s of my position as registered agent.

(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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: ZHEN YANG
Address: 10580 MULBERRY AVE
FONTANA, CA 92337
Vice Chairman: N/A
Address:
Director: N/A
Address:
Director: N/A  Address:
1100101101
B. OFFICERS  President: ZHEN YANG
President: ZHEN YANG
Address: 10580 MULBERRY AVE, FONTANA, CA 92337
Vice President: LIANG CHANG
Address: 10580 MULBERRY AVE. FONTANA. CA 92337
Sccretary: WEN YU
Address: 10580 MULBERRY AVE, FONTANA, CA 92337
Treasurer: N/A
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Her Juzy Signature of Director or Officer
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. ZHEN YANG - CHAIRMAN/PRESIDENT

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

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

B CLAW INC.

FILE NUMBER: FORMATION DATE:

C3962503

TYPE:

11/10/2016 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 October 05, 2017.

ALEX PADILLA Secretary of State