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(Requestor's Name) (Address)						
(Address)						
(Addross)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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FEB O 8 7.11.79
J. HARRIS

COVER LETTER

10:	Division of Corp					
SURJ	ECT:	L	EHUI I	NC.		
0000		Name of corpora	tion -	must include suffix		
Dear S	Sir or Madam:					
"Certif	ficate of Existence	on by Foreign Corporation ," or "Certificate of Good corporation to transact bu	Standi	ng" and check are sub		
	return all correspo CHEN	ondence concerning this ma	atter to	the following:		
		Name	of Pe	rson		
ABLE	BUSINESS ACCO	UNTING INC.				
	-	Firm/C	Compa	iny		
2211 S	S. HACIENDA BLV	D., STE 218				
		A	ddress			
HACII	ENDA HEIGHTS, C	CA 91745				
		City/Sta	te and	Zip code		
ABLE	1998@GMAIL.COI	М				
_		E-mail address: (to be us	sed for	future annual report r	notification)	
For fu	rther information c	oncerning this matter, plea	ise cal	1:		
VENA CHEN		626	,	336-2828		
	Name of Person	at (Area (Code	Daytime Telepl	hone 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		
	ed is a check for the second s	□ \$78.75 Filing Fee & Certificate 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

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.

LEHULINC.					
	orporation; must include "INCORPORATED," · orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIC	",ис		
50,	5-p. 1.6. Co. 0. Co.p.)				
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida		
STATE OF GEO		2-3587264			
	y under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)		
11/06/2017	5.				
(Date	of incorporation) 5	(Date of duration, if other	r than perpetual)		
02/01/2018					
	(SEE SECTIONS 607.1501 & 607.1502 CIRCLE, OLDSMAR. FL 34677 (Principal	office address)	mty)		
	(Current mailing	address, if different)			
			e i final		
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					
	FEI LIU		٠,		
Name:					
Name:	378 WINGATE CIRCLE	_	1 2:		
Name: Office Address:	OLDSMAR	 	2:		

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.

(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: 378 WINGATE CIRCLE, OLDSMAR, FL 34677 Address: _____ FEI LIU Vice Chairman: 378 WINGATE CIRCLE, OLDSMAR, FL 34677 FEI LIU Director: 378 WINGATE CIRCLE, OLDSMAR, FL 34677 Address: Address: _____ B. OFFICERS President: 378 WINGATE CIRCLE, OLDSMAR, FL 34677 Address: Vice President: Address: ____ Secretary: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. fei Liu 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. FEI LIU, PRESIDENT

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

Control Number: 17118532

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Lehui Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15252624 Date Inc/Auth/Filed: 11/06/2017 Jurisdiction : Georgia Print Date : 02/01/2018

Form Number : 211



Brian P. Kemp Secretary of State