# FI8WWS944

(Req	uestor's Name)	
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#### **COVER LETTER**

то:	Registration Section Division of Corporations		. ~		
SUBJ	ECT:	10PE 0	FP INC	Ć,	
0000		of corporation - mi	ust include suffix		
Dear S	ir or Madam;				
"Certif	closed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Standing	" and check are sul		
Please	return all correspondence concern	ning this matter to t	. —		西町
		Marra of Dana	4	<del></del>	0 1
	L	lope GP  Firm/Company	Inc	173 173 173	32 C
		Firm/Company	/	<u> </u>	ं
	142140	ar(ton l	Noods L	-aue	( <u>.)</u>
	,	Address			
	Charlott- jay.j.z	e, NC	28278		
	3014 3 -	City/State and Z	ip code	2.44	
	J~9.J.Z	na01174@	gmail, co	) [M	
	E-mail addres	s: (to be used for fu	iture annual report	notification)	
For fur	ther information concerning this r	natter, please call:			
-	JIE Zhao	at (269 Area Code)	252-	8167	
	Name of Person	Area Code	Daytime Telep	ohone Number	<del></del>
	STREET/COURIER ADDRES Registration Section	SS:	MAILING A Registration S		
	Division of Corporations		Division of C		
	Clifton Building		P.O. Box 632	•	
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, I	FL 32314	
Enclos	ed is a check for the following am	ount:			
□ \$70	0.00 Filing Fee		8.75 Filing Fee &	<b>Ø</b> \$87.50 Fili	
	Certificate	of Status Ce	rtified Copy	Certificate	of Status &

Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	HODE G	BUSINESS IN THE STATE OF I	
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	",и
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
NORTH	1 CAROLINA 3	82-4889	9341
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
·	3/22/2018 5		
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
·			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration)	llin)
11271	4 (ABITON) 11/001	$\Lambda C / \Lambda M = I / \Lambda M$	/カナナフー <b>!</b> ]/
. 1901	CINCIDIO	ipal office address)	2011E, PC
	(	ipar office address)	
	(Current mail	ing address, if different)	<u>&gt;&gt; ∞</u>
	•	3	計算可
. Name and stree	<u>st address</u> of Florida registered agent: (P.	O. Box NOT acceptable)	6 20 6 20
	Pa Call 1 -	<u> </u>	
Name:	Affill light	<del>74</del>	Š.) <b>0</b>
office Address:	13041 Automobile Blu	<u></u>	70 P
		. Florida <u>33702</u>	
	(City)	(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.

(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: \_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: \_ Address: \_\_\_\_\_ **B. OFFICERS** Vice President: Address: Address: 14214 CARLTON WOODS LANE, CHARLOTTE, NC28278 Address: 14214 CARLTON WOODS LANE, CHARLOTTE. 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.



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### HOPE GP INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of March, 2018, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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Scan to verify online.

Elaine I Marshall

of Raleigh, this 6th day of August, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City

Secretary of State

Certification# 103117477-1 Reference# 14727490- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification