

FB000004932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

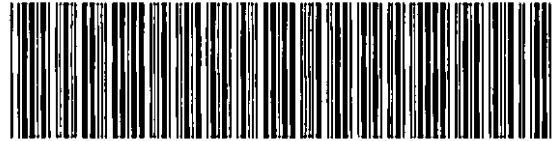
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OCT 19 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVOGENE CORPORATION INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KAI YU

Name of Person

Firm/Company

99 MADISON AVE FL 601

Address

NEW YORK NY 10016

City/State and Zip code

KAIY@YWLCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAI YU

at (646) 338-7163

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 & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

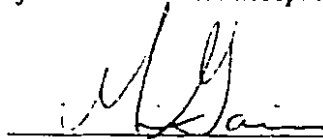
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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.*

1. NOVOGENE CORPORATION 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 3. 47-2149437
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/10/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2921 STOCKTON BLVD SUITE 1810, SACRAMENTO CA 95817
(Principal office address)
- 99 MADISON AVE FL 601 NEW YORK NY 10016
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: MICHAEL GAUVIN
- Office Address: 808 3RD AVE W SUITE 704
BRADENTON, Florida 34205
(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: RUIQIANG LI
Address: 2921 STOCKTON BLVD SUITE 1810
SACRAMENTO CA 95817

Vice Chairman: SHIFANG ZHANG
Address: 2921 STOCKTON BLVD SUITE 1810
SACRAMENTO CA 95817

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: RUIQIANG LI
Address: 2921 STOCKTON BLVD SUITE 1810
SACRAMENTO CA 95817

Vice President: SHIFANG ZHANG
Address: 2921 STOCKTON BLVD SUITE 1810
SACRAMENTO CA 95817

Secretary: SHIFANG ZHANG
Address: 2921 STOCKTON BLVD SUITE 1810, SACRAMENTO CA 95817

Treasurer: SHIFANG ZHANG
Address: 2921 STOCKTON BLVD SUITE 1810, SACRAMENTO CA 95817

OTE: 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.

SHIFANG ZHANG, VICE PRESIDENT

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

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVOGENE CORPORATION 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-FOURTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVOGENE CORPORATION INC" WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2014.

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



5619310 8300

SR# 20186789696

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203474530

Date: 09-24-18