F180000946

(Red	luestor's Name)	
(Address)		
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
W18-84983	2891	

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FILED

SECULDARY OF STATE

ALLAHASSEE FLORINA

OCT 3 1 2018 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2018

NGUYGEN N KIM ASE BUILDERS INC PO BOX 360-813 MILPITAS, CA 95036

SUBJECT: A S E BUILDERS INC Ref. Number: W18000084983



We have received your document for A S E BUILDERS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 818A00019804

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASE BUILDERS 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: $\omega = \Gamma$
NGRUYEN N KIM THE Z
Name of Person . Sp. v.
ASE BUILDERS INC. BASE 35
Firm/Company
P.O. BOX 360-813
Address
NULPITAS CA 95036 City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (HOS) \$39 - 3857 Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEINCE WITH SECTION 607-1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AT OREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA ASE BLU DERS TICC
Conference of corporation; most include "INCORPORATED," "COMPANY," CORPORATION," "Jnc.," "Co.," "Corp.," "Inc." "Co." or "Corp.") (it made unavariable in Viorola, onto) alternate corporate name adopted for the playose of transacting business in (), i dio December 19 2011 ... s. (Date tors) transacted business in Florida, it prior to registratures (SEE SECTIONS 607.1501 & 607.1502; F.S., to determine penalty asbility) Name and street address of Florida registered agent: (P.O. Box. NOT at ceptable) 1645 cedrus lane

Pensacola : Florida 32514

(Zipende) GHar Address 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.

Of Attached is a certificate of exhaunce duly authenticated, not more than 90 days prior conclusively of nos apple accords to Department of State, by the Secretary of State or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy of consonate records in the passible or other official baying customy.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS (RMO ICEO / PRES)	
Chairman: NGUYEN KIM N	
Address: P. O. Box 360-813	
MILPITAS CA 95036	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B OPPICEBE	
B. OFFICERS SET 3 F	
President: 107/17/01C 15 NO MILIO	;
Address: P.O. Box 360.813	
MILPITAS, CA 95036	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary: you may attach an addendum to the application listing additional officers and/or directors.	
12. 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 herei	11
are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.	
13 NOWYEN KIM N NATHALIF K NIGHUANI	
13. NGMYEN KIM N NATHALIE K NGMYETU (Typed or printed name and capacity of person signing application) OFFICER DIRECTOR	
VIRECTOR	

Section IX -Verification of Licensure in Good Standing

	·		
Verification of Licensure in Good Standing			
(To be completed by State Licensing Agency)			
Name of License Holder as it appears on License Kim Ngoc Nawyen			
Business Name as it appears on License ASE Buildes Inc			
Date License Issued 17 19 11	License Number 968 576 7		
Current Status of License	Expiration Date of License 12/3/19		
Classification of License Held (10-Elect	VICAL		
Method of Licensure			
Licensed by Examination: Yes No	Examination Category, Cal		
Type of Exam Taken (e.g. In House, NAI, Block):	Examination Date and Score:		
Reciprocity/Endorsement from What State:	Other Method (Please Explain):		
Has the License Holder Ever Had Any Disciplinary A	ction Taken Against His/Her License? ☐ Yes ☐ No		
If Yes, please provide the following information:			
Date of Discipline: Sanctions Imposed:			
Has Licensee Complied with Sanctions? 🗀 Yes 🗀 No (Please Explain)			
Name of Verifying Individual An Major Title 55 A			
Signature Maier	Apongritractors State Lucins B. W		
(.	989 Busines Park Dr		
Seal	City, State, Zip: (A 91827)		
	Telephone: 916-843-10432		

Instructions to verifying State: Please return the original document to the licensee for inclusion in their application package.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ASE BUILDERS INC.

FILE NUMBER:

C3415632

FORMATION DATE:

09/26/2011

TYPE:

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 26, 2018.

ALEX PADILLA Secretary of State