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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

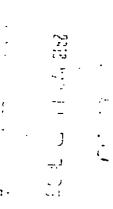
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CORPORATE ACCESS,

When you need ACCESS to the world

INC. ♥

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Bbx 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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хх	CERTIFIED COPY		
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xx	FILING	FOREIGN	
1.	BODEN INC.		
	(CORPORATE NAME AND DO	OCUMENT #)	100 BS
2.	(CORPORATE NAME AND DO	OCUMENT #)	
3.			· · · · · · · · · · · · · · · · · · ·
	(CORPORATE NAME AND DO	OCUMENT #)	
4.	(CORPORATE NAME AND DO	DCUMENT#)	<u> </u>
5.	CONNOR ATTENDANT AND IN	NOTE IN A PROPERTY.	
	(CORPORATE NAME AND DO	COMENT#)	
6.	(CORPORATE NAME AND DO	OCUMENT #)	
SPECIA	AL INSTRUCTIONS:		

COVER LETTER

TO:	Registration Section Division of Corporations				
	Boden Inc.				
SUBJ	IECT:	··· ·			
	Name of	corporation	- must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate o referenced foreign corporation to trai	f Good Stan	ding" and check are submit		
	return all correspondence concerning ie Zheng	g this matter	to the following:		
		Name of I	'erson	D3	
Boden					
		Firm/Com	pany		
4101.5	McEwen Rd., Ste. 435.	'	•	, -	
		Addre	SS	, , , , , , , , , , , , , , , , , , , ,	
Farme	rs Branch, TX 75244			,	
maggi	e.zheng@bodennet.com	City/State ar	nd Zip code	្ហ	
	E-mail address: ((to be used f	or future annual report noti	fication)	
For fu	rther information concerning this mat	tter, please c	all:		
Maggie Zheng		469 U(855-2311)		
	Name of Person		2 Daytime Telephon	e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Section Division of Corports P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	sed is a check for the following amou	nt:			
□ \$7	0.00 Filing Fee		\$78.75 Filing Fee & — E Certified Copy	3 \$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.

i.	Boden Inc.						
	(Enter name of co	orporation; must include "INCORPORATED," orp.," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATION,"				
	Boden Inc. of Do	elaware					
	(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	isiness in F	lorida)		
2.	Delaware		3-0816506				
	(State or country under the law of which it is incorporated) (FEI number, if application)/06/07/2018			nble)			
4.		5					
6.	,	(Date of incorporation) (Date of duration, if other than per					
7.		(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 L. Stc. 435, Farmers Branch, TX 75244	Florida, if prior to registration) 2, F.S., to determine penalty liability)	123 123 123			
		(Principal	office address)		3		
		(Current mailing	address, if different)	ب ان ان			
8.	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)				
	Name:	Registered Agent Solutions, Inc.					
O:	ffice Address:	155 Office Plaza Dr., Suite A					
		Tallahassee	32301 , Florida				
		(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.

July 7 Jackya Wright Asst. Secretary

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 Joseph Qian Chairman: 4101 McEwen Rd., Ste. 435, Farmers Branch, TX 75244 Address: Vice Chairman: Address: Director: __ **B. OFFICERS** Ke Bi President: 4101 McEwen Rd., Ste. 435, Farmers Branch, TX 75244 Address: Vice President: Address: Secretary: ______ Address: 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 hereit are true and that he or she is aware that false information submitted in a document to the Department of State constituta third degree felony as provided for in s.817.155, F.S. Ke Bi, Chief Operating Officer

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BODEN 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 SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BODEN INC." WAS INCORPORATED ON THE SEVENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 202003938

Date: 01-02-19

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SR# 20190013121