

F19000001620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

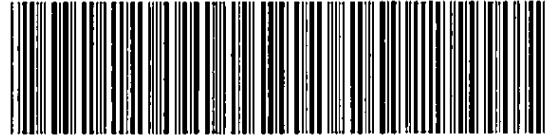
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**DATE: 03-29-19**

**NAME: PLEXENSE INC.**

**TYPE OF FILING: APPLICATION BY FOREIGN CORPORATION**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
PLEXENSE INC

**SUBJECT:** \_\_\_\_\_  
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:  
GIBUM KIM

_____	Name of Person
PLEXENSE INC	
_____	Firm/Company
1450 DREW AVE STE 150	
_____	Address
DAVIS, CA 95618	
_____	City/State and Zip code
gkim@plexense.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOUSEAN LEE	530	564-4692
_____	at (_____)	_____
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:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.**

**PLEXENSE INC**

1. \_\_\_\_\_  
(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. SOUTH KOREA 3. 46-4626118

(State or country under the law of which it is incorporated) (FEI number, if applicable)  
05/09/2017

4. \_\_\_\_\_ 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)  
130 S INDIAN RIVER DR STE 202, FORT PIERCE, FL 34950

7. \_\_\_\_\_  
(Principal office address)  
1450 DREW AVE STE 150, DAVIS, CA 95618  
\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, Florida 32301  
(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.*

See attached

(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.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

GIBUM KIM

Chairman:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

Vice Chairman:

Address:

GIBUM KIM

Director:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

YOUSEAN LEE

Director:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

**B. OFFICERS**

GIBUM KIM

President:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

GIBUM KIM

Vice President:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

YOUSEAN LEE

Secretary:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

GIBUM KIM

Treasurer:

1450 DREW AVE STE 150, DAVIS, CA 95618

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. Gibum Kim, CEO

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

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**

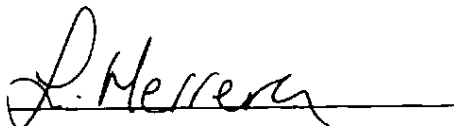
**DATE:** 3/29/2019

**ENTITY NAME:** Plexense Inc

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.



Leticia Herrera, Assistant Secretary  
Paracorp Incorporated

( 1 / 1 )

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# 납세증명서 Tax Clearance Certificate

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

발급번호 Issuance number	4429-535-8975-871	처리기간 Processing period	즉시 (단, 해외이주용 10일) Immediately (Ten days for Emigration Passport)
납세자 인적사항 Taxpayer information	상호(법인명) Name of company	(주) 플렉센스 Plexense, Inc.	사업자등록번호 Business registration No.
	성명(대표자) Name of representative	김기범 Kim gibum	주민등록번호 Resident registration No.
	주소(본점) Address(Head office)	경기도 용인시 기흥구 동백중앙로16번길 16-4, 1동 13층 1301호, 1302호, 1303호(중동, 에이스동)	
	1-1301, 1302, 1303, 16-4, Dongbaekjungang-ro 16beon-gil, Giheung-gu, Yongin-si, Gyeonggi-do, Republic of Korea		

증명서의 사용목적 Purpose of certificate	<input checked="" type="checkbox"/> 대금수령 Billing	
	<input type="checkbox"/> 해외이주 Emigration	(이주번호 No. ) Emigration number No.
	<input type="checkbox"/> 기타 Others	

증명서의 유효기간 Validity of certificate	유효기간 Validity	2019 년 4 월 18 일 Year Month Day
	유효기간을 정한 사유 Reason for determining the validity date	<input checked="" type="checkbox"/> 「국세징수법 시행령」 제7조 제1항 Paragraph 1 of the Article 7 of the Enforcement Decree of the National Tax Collection Law <input type="checkbox"/> 기타 (사유: ) Others/ (Reason: )

징수유예 또는 채납처분 유예의 내역 Deferred tax collection / deferred disposition of tax on arrears	유 예 종 류 Type of taxes suspended	유 예 기 간 Period of taxes suspended	과 세 기 간 Tax year	세 목 Tax item	납부기한 Due date for tax payment	세 액 Tax amount	가 산 금 Surcharge
(단위: 원) (Unit: Won)		해 당	없	음 (Remains Blank)			

유예납세의무 채납내역 Tax-in-kind liabilities on arrears	위탁자 Consignor	과 세 기 간 Tax year	세 목 Tax item	납부기한 Due date for tax payment	세 액 Tax amount	가 산 금 Surcharge
(단위: 원) (Unit: Won)		해 당	없	음 (Remains Blank)		

「국세징수법」 제6조 및 같은 법 시행령 제6조에 따라 발급일 현재 위의 징수유예액, 채납처분유예액 또는 「부가가치세법」 제3조의 2에 따른 수탁자의 유예납세의무와 관련된 채납액을 제외하고는 다른 채납액이 없음을 증명합니다.

I hereby certify that there are no other taxes on arrears than the amount for deferred tax collection, the amount for deferred disposition of tax on arrears, or taxes on arrears in relation to the consignee's tax-in-kind liabilities as specified in Article 3-2 of Value-Added Tax Act as described above as of the day of issuance according to Article 6 of the National Tax Collection Law and Article 6 of the Enforcement Decree of the National Tax Collection Law.

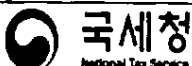
접수번호 Receipt No.	501366717311
담당부서 Department	민원봉사실 Taxpayer Service Center
담당자 Staff in Charge	정명순 JUNG MYUNG SUN
연락처 Telephone No.	031-8007-1221

2019 년 3 월 19 일  
Year Month Day

기 흥 세 무 서 장

Head of GIHEUNG District Tax office

(Stamp)



\* 본 증명의 위·변조 여부는 발급일로부터 90일 이내 「국세청 홈택스(www.hometax.go.kr) 또는 모바일 홈택스 > 민원증명(증명발급) > 민원증명 원본확인」 에서 발급번호로 확인, 또는 문서 하단의 바코드로 확인이 가능합니다.

지방세 납세증명(신청)서  
Local Tax Payment Certificate(Application)

( 1/1 )



발급번호 Issuance Number	030762	접수일시 Time and Date of receipt	2019-03-19	처리기간 Processing Period	즉시 Immediately
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납세자 Taxpayer	성명(법인명) Name(Name of Corporation)	주민(법인·외국인)등록번호 Resident(Corporation·Foreign) Registration Number			
	플렉센스	160111-*****			
	주소(영업소) Address(Business Office)				
	1동 13층 1301호, 1302호, 1303호				
	전화번호(휴대전화) Phone number(Cellular phone number)				
	070-4725-4040				

증명서의 사용 목적 Purpose of Certificate	대금수령 [ ] Receipt of payment	대금 지급자 Payer			
	해외이주 [ ] Emigration	이주번호 Emigration No.	해외이주 신고일 Date of the Report	년 yyyy	월 mm
	부동산 신탁등기 [ ] Registration for real estate trust	신탁 부동산의 표시 (소재지, 건물명칭 및 번호) Information of real estate trust (Location, Building name and number)			
	그 밖의 목적 [V] Others	해외지사설치			

증명서 신청부수 Copies of Certificate Needed	1 부 Copy(Copies)
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「지방세징수법」 제5조 및 같은 법 시행령 제6조제1항에 따라 발급일 현재 징수유예등 또는  
채납처분유예액을 제외하고는 다른 채납액이 없음을 증명하여 주시기 바랍니다.

I request to certify that I have no delinquent taxes except for the above-mentioned suspension of tax  
collection or suspension of disposition of delinquent tax as of the issued date of this certificate, in  
accordance with the provision of the Article 5 of Collection Act for Local Taxes and Article 6(1) of the  
Enforcement Decree of Collection Act for Local Taxes.

2019 년(yyyy) 03 월(mm) 19 일(dd)

신청인(납세자) 플렉센스  
Applicant(Taxpayer)

(서명 또는 인)  
(Signature or Stamp)

징수유예등 또는 채납처분유예의 명세 Suspension of Tax Collection or Suspension of Disposition of Delinquent Tax						
유예종류 Type of taxes suspended	유예기간 Period of taxes suspended	과세연도 Tax Year	세 목 Tax items	납부기한 Due date for payment	지방세 Tax Amount	가산금 Penalties

- 해당 사항 없음(None) -

「지방세징수법」 제5조 및 같은 법 시행령 제6조제2항에 따라 발급일 현재 위의 징수유예등 또는  
채납처분유예액을 제외하고는 다른 채납액이 없음을 증명합니다.

I hereby certify that I have no delinquent taxes except for the above-mentioned suspension of tax  
collection or suspension of disposition of delinquent tax as of the issued date on this certificate, in  
accordance with the provision of the Article 5 of Collection Act for Local Taxes and Article 6(2) of the  
Enforcement Decree of Collection Act for Local Taxes.

1. 증명서 유효기간: 2019 년(yyyy) 04 월(mm) 18 일(dd)

Period of Validity

2. 유효기간을 정한 사유: 지방세징수법 시행령 제 7조(납세증명서의 유효기간)

Reason for determining the validity date



2019 년(yyyy) 03 월(mm) 19 일(dd)

경기도 용인시 기흥구청장

The Chief of Yongin Giheung District

(직인)