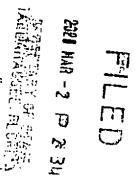
F200001136

((Requestor's Name)	<u> </u>
(,	Address)	
(,	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
		. \
	Office Use Only	134
	/ \	



800339557438

01/27/20--01023--008 **87.50



T. LE'ZIELIX TAMBO 3 2021

COVER LETTER

TO:	Registra Division		etion porations			
SUBJ	FCT:	Sky King	Satellite Inc			
SODO	EC1		Name of corp	oration -	must include suffix	7
Dear S	ir or Mad	am:				
"Certif	ficate of E	Existence	on by Foreign Corporate." or "Certificate of Gon corporation to transact	od Stand	ing" and check are sub	
Please	return all	corresp	ondence concerning this	matter	o the following:	
Weixia	ang Li					
			Na	une of P	erson	· · · · · · · · · · · · · · · · · · ·
Sky K	ing Satelli	te Inc				
			Fir	m/Comp	any	
600 Ea	agleview B	VLD SU	ЛТЕ 300			
				Addres	S	-
Exton	PA 19341					
			City/	State and	l Zip code	
weixia	mgli@skyl	tingsatel	liteinc.com			
_			E-mail address: (to be	used fo	r future annual report n	otification)
For fur	ther infor	mation	concerning this matter, p	olease ca	II:	
Weixia	ıng Li		48 at (34	802-2000	
	Name o	f Person		ea Code	Daytime Teleph	none Number
	Registra Division Clifton E	tion Sec of Corp Building ecutive	oorations Center Circle		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations
Enclose	ed is a che	ck for t	he following amount:			
□ \$ 70.	.00 Filing	Fee	S78.75 Filing Fee & Certificate of Statu		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



February 10, 2020

WIEXIANG LI 600 EGALEVIEW BLVD STE 300 EXTON, PA 19341

SUBJECT: SKY KING SATELLITE INC

Ref. Number: W20000013434

We have received your document for SKY KING SATELLITE 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Letter Number: 720A00002934

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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.

(If name unavailable in Florida, enter alternate corporate na	,
Pennsylvania (State or country under the law of which it is incorporated)	3
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
02/01/2014	5. (Date of duration, if other than perpetual)
(Date of incorporation)	(Date of duration, if other than perpetual)
	_
(Date first transacted busine (SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
Weixiang Li 4=3> Ki Kland R.	D Graceville FL 3244
(Pri	ncipal office address)
(Pri- 600 Eagleview BLVD Suite 300 Exton PA 19341	ncipal office address)
600 Eagleview BLVD Suite 300 Exton PA 19341	ncipal office address) ailing address, if different)
(Pri- 600 Eagleview BLVD Suite 300 Exton PA 19341 (Current ma	ncipal office address) ailing address, if different)
(Pri- 600 Eagleview BLVD Suite 300 Exton PA 19341 (Current management and street address of Florida registered agent: (ailing address, if different) (P.O. Box NOT acceptable)
(Print Manne: WE' XICNG Li	ncipal office address) ailing address, if different)
(Price 600) Eagleview BLVD Suite 300 Exton PA 19341 (Current management and street address of Florida registered agent: (ailing address, if different) (P.O. Box NOT acceptable)
(Pride 600) Eagleview BLVD Suite 300 Exton PA 19341 (Current manner and street address of Florida registered agent: (Name: WEXTORY LI	ailing address, if different) (P.O. Box NOT acceptable)

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.

A.I. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __Weixiang Li Address: 600 Eagleview BLVD Suite 300 Exton PA 19341 Vice Chairman: Address: _____ Address: Address: ______ **B. OFFICERS** President: Weixiang Li Address: 600 Eagleview BLVD Suite 300 Exton PA 19341 Vice President: Address: ______ Treasurer: 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.

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/23/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Sky King Satellite Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COUNTY OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC200123100612-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify