F2000000)308

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	0.00	

Office Use Only



400341221314

02/25/20--01012--021, **70.00

2020 FEB 25 PH 3: 54

53/1/2

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	YHG NEW ENERGY, INC				
SUBJECT:	Name	of corporation	- must include suffix		···
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign C f Existence." or "Certificate ced foreign corporation to	e of Good Stanc	ling" and check are sub		
Please return GIACOMO B	all correspondence concerr	ing this matter	to the following:		
		Name of F	Person		
MORIS & AS	SOCIATES				
		Firm/Comp	oany		
3650 NW 821	ND AVENUE, SUITE 401				
	 	Addre	SS		
DORAL, FL 3	3166				
	· · · ·	City/State an	d Zip code		
lydiafu99@gr	nail.com				2021
	E-mail addres	s: (to be used fo	or future annual report i	notification)	7
For further in	formation concerning this r	natter, please ca	all:		2021 FEP 25
XIANGCHUN	FU	510 at (4568036		
Nam	e of Person	Area Code	Daytime Telep	hone Number	- 3: 5t
Regis Divis The C 2415	EET/COURIER ADDREST stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	
	check for the following am neck payable to: FLORIDA II ing Fee S78.75 Filis Certificate	EPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

YHG NEW ENERGY, INC.

FILE NUMBER:

C3995393

FORMATION DATE:

02/16/2017

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.



SEAL OF THE CALIFORNIA CALIFORNIA

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 12, 2020.

ALEX PADILLA Secretary of State

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.

under the law of which it is incorporated.

(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)
CALIFORNIA		82-0706824	
(State or countr	y under the law of which it is incorporated)	82-0706824 (FEI number, if applies	ible)
02/16/2017		.,	
	of incorporation)	(Date of duration, if other than	perpetual)
;			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
2526 Northampto	n Ave.#1, Orlando, Fl32828		
	(Principal offic	e street address)	
2526 Northampto	on Ave.#1, Orlando, Fl32828		
	(Current mailing	g address, if different)	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O INTERNATIONAL REGISTERED AGEN	•	2020 FE9 2
ffice Address:	3650 NW 82ND AVENUE, SUITE 401		ΣD.
	DORAL	 33166	PH 3: 54
	(City)	, Florida <u>33166</u> (Zip code)	. ∴ ∴ ∴ ∴
aving been name esignated in this orther agree to c	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree to elative to the proper and complete pesition as registered agent.	rporation at the act in this capa erformance of m

A. DIRECTORS XIANGCHUN FU Name: _____ ■Chairman □Chairman 3215 NATHAN CT ☐Vice Chairman □Vice Chairman Address. Address: FREMONT CA 94539 Director Director □President ■President □Vice President □Vice President □Treasurer ☐Treasurer ■ Secretary □ Secretary □Other []Other _____ □Other _____ □Other _____ Name: _____ □ Chairman □Chairman □Vice Chairman Address: ______ □Vice Chairman Address. Director Director □President □ President □Vice President □Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐ Treasurer □ Other _____ □ Other _____ □Other _____ □ Chairman Name: □ Chairman Name: □Vice Chairman Address: ______ □ Vice Chairman Address: _____ Director □ Director □President ☐ President □Vice President □Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □ Other _____ □Other _____ ☐ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 \$.817.155, F.S.