2000002222

| | equestor's Name) | |
|-------------------------|----------------------|-----------|
| (Re | equestor's Name) | |
| | | |
| (Ac | ddress) | |
| | | |
| (Ac | ddress) | |
| | | |
| (Ci | ty/State/Zip/Phone # | <u>)</u> |
| • | | • |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| _ | • | _ |
| | | |
| (Bu | usiness Entity Name |) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | Certificates o | f Status |
| , | _ | |
| r · · · · · · · · | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900343900559

05/05/20--01003--025 +•70.60

RECEIVED MAY 0 4 2020

MAY 1 4 2020 M. SOLOMON

COVER LETTER

| | | ration Se on of Cor | ction porations | | | | |
|------------------------|---|---|---|----------------|----------|--|--|
| SUBJEC | ст∙ | HYUND | AI ELECTRIC & E | ENERGY SY | STEMS | CO., LTD. | |
| SOBOLV | . | | Name | of corporati | on - mu | ust include suffix | · · · · · · · · · · · · · · · · · · · |
| Dear Sir | or Ma | ndam: | | | | | |
| "Certifica | ate of | Existenc | | e of Good St | anding | " and check are sub | ct Business in Florida," mitted to register the |
| Please ret | turn a | II corresp | ondence concern | ing this matt | er to th | e following: | |
| AHN, HY | 'UNG | JOO | | | | | |
| | | - | | Name o | f Perso | on | |
| HYUNDA | AI EL | ECTRIC & | & ENERGY SYST | EMS CO., LT | D. | | |
| | | | | Firm/Co | mpany | , | |
| 6100 ATL | ANT | IC BOUL | EVARD, 2ND FLO | OOR | | | |
| | | | | Add | Iress | | <u> </u> |
| NORCRO | SS, C | SA, 30071 | | | | | |
| | | | | City/State | and Zi | p code | |
| joanne.kir | n@hy | undai-elec | | | | | |
| | | | E-mail addres | s: (to be use | for fu | ture annual report r | notification) |
| For furthe | er info | ormation | concerning this n | natter, please | call: | | |
| JOANNE | KIM | | | at (| , 8 | 23-7842 | |
| ħ | Vame | of Perso | n | Area Co | de / | Daytime Telepl | hone Number |
| R D T 24 T | egist livisio he Co 415 N allah | ration Secon of Corentre of T J. Monrocassee, FL | porations fallahassee e Street, Suite 810 32303 | 0 | | MAILING A Registration S Division of Co P.O. Box 6322 Tallahassee, F | ection orporations 7 |
| | | | the following ame e to: FLORIDA D | | T OF S | STATE | |
| \$70.00 | | | ☐ \$78.75 Filir Certificate | ıg Fee & | □ \$78 | .75 Filing Fee & rtified Copy | \$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.

| (Enter name of "Inc.," "Co.," "C | corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | |
|----------------------------------|--|---|-------------|
| (If name unavai | lable in Florida, enter alternate corporate name ac | dopted for the purpose of transacting business in Flori | da) |
| 2. REPUBLIC OF | F KOREA (SOUTH KOREA) | 82-1771426 | |
| (State or count | ry under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4. (Dat | e of incorporation) 5. | (Date of duration, if other than perpetual) | |
| 6 | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 C BOULEVARD, 2ND FLOOR, NORCROSS, C | 2, F.S., to determine penalty liability) | |
| 7 | | e <u>street</u> address) | |
| | (Current mailing | address, if different) | WE HAY |
| 8. Name and stre | eet address of Florida registered agent: (P.O. | Box NOT acceptable) | 4 1 |
| Name: | Registered Agents Legal Services, LLC | ्रे (भू भू | REIT |
| Office Address: | 155 Office Plaza Drive, Suite A | 40 41 171 | |
| | Tallahassee | , Florida | 8 |
| | (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.

(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. DIRECTORS AHN, HYUNG JOO □Chairman ☐ Chairman Name: _____ 6100 ATLANTIC BOULEVARD ☐ Vice Chairman Address: ☐ Vice Chairman Address: 2ND FLOOR □ Director ☐ Director NORCROSS, GA, 30071 ■ 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 _____ ☐ Chairman Name: ______ Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: ____ □Director □ Director ☐ President □President ☐ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary Treasurer 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. 7010) 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)

AHN, HYUNG JOO



(1/1)

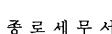
| 발 급 번 호 issuance number | 사업자등록증명 처리기간 Certificate of Business Registration (법인사업자) 즉 시 |
|---|---|
| T507-701-4489-844 | (법인사업자) 즉 시 (Corporate Taxpayer) Immediately |
| 상 호 (법 인 명) Name of company | 현대일력트릭엔에너지시스템(주) Hyundai Electric & Energy Systems Co.,LTD. |
| 사 업 자 등 푹 빈 호 Business registration number | 266-86-00531 |
| 성 명 (대 표 자) Name of representative | 주영실 JOO YOUNG KEOL |
| 추 덴 (법 인) 등 록 번 호 Resident(Corporation) registration number | 570725 |
| 사 업 장 소 재 지 Business Address | 서울특별시 중로구 율곡로 75. 12층(계동, 현대건설빌딩) 75. Yulgok-ro, Jongno-gu, Seoul |
| 개 업 일 Date of business communencement | 2017년(Year) 04월(Month) 01일(Day) |
| 사 업 자 등 톡 일 Date of business registration | 2017년(Year) 03월(Wonth) 06일(Day) |
| 업 Business type | 제조업/건설업 Manufacturing/Construction 전기장비제조업 |
| र्टे Business item | Manufacturing of power generation, transmission, transformation, supply equipment and electric motors 건물용 기계장비 신치공사업 Electrical construction business |
| 33 5 11 04 of | 성명(범인명) 주민(사업자)등록번호 Name(Name of company) Resident(Business) registration no. 해당사항 없습니다 (No Data) |
| 광 동 사 업 자 Joint business owner | 외이 가이 즈며하니다 |

위와 같이 중명합니다.

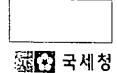
I certify that above infomation is true and correct to the best of my knowledge and belief. ᄦ 외 내용은 발급일 현재 상황으로서 추후 변경된 수 있습니다. The information is true as of the issue date of this certificate and it can be subject to change.

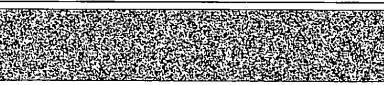
| 접 수 번 호 Receipt No. | 100150256938 |
|------------------------|-------------------------|
| 담 당 부 시 | 민원봉사실 |
| Department | Taxpayer Service Center |
| 담 당 자 | 강재형 |
| Staff in Charge | Kang Jae Hyeong |
| 연 락 치 Telephone No. | 02-760-9223 |

2017 년 3 원 8 일 Year Month Day



Head of Jongno District Tax Office





- 본 중명은 국세청 홈텍스(www.hometax.go.kr)에서 「만원증명 원본확인」 메뉴를 통해 문서발급번호로 위·변조 여부를 확인하거나, 문서 하단의 바코드로 확인해 주십시오.다만 문서발급번호를 통한 확인은 발급일로부터 90일까지 가능합니다.
 본 중명은 세무서 만원봉사실에서 발급한 중명서이며, 국세청 홈텍스를 통해서도 발급 받을 수 있습니다.
- This certificate is issued as requested by taxpayer's representative.