F20000002291

(Requestor	's Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing O	fficer:			
	(-1)			
W2000025971				

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	•	COVER	LETT.	ER .		
	stration Section sion of Corporations					
SUBJECT:	Hexa Recreation Proc	lucts Inc				
SOBJECT.		Name of corporation	on - mus	t include suffix		_
Dear Sir or M	4adam:					
"Certificate o	"Application by Fore of Existence," or "Cer need foreign corporati	tificate of Good St	anding".	and check are subm		
Please return Jun Qian	all correspondence co	oncerning this matt	er to the	following:		
••		Name (of Person		• •	
JCS CPAs LL	C					
11900 NE 1st	Street, Suite 300	Firm/Co	mpany			
		Ado	fress		•	
Bellevue, WA	98005					
junq@jescpas	.com	City/State	and Zip	code		
 .	E-mail a	iddress: (to be used	for futi	ire annual report no	tification)	
For further in	aformation concerning	this matter, please	e call:			2620 H : 11
Jun Qian		425 at (, 28-	43088		
Nan	ne of Person	Area Co	ode	Daytime Telepho	one Number	- P::
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		8: 13	
			□ \$78.7	TATE 75 Filing Fee & ified Copy	S87.50 Fili Certificate Certified C	of Status &

TION DE L'OREIGH COM ORATION 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.

33	(FEI number, if applicable) (Date of duration, if other than perpetual)
orporation) 5	
orporation) 5	
	(Date of duration, if other than perpetual)
	(Date of duration, if other than perpetual)
(Day Can caramatal bud a large P	
(Day of East town and the decision of the	
NE 1st Street, Suite 300, Bellevile, WA 98	005
(Current mailing a	address, if different)
orp Services, LLC	
7 South State Road 7, State 100	
(City)	(Zip code)
	(Principal office NE 1st Street, Suite 300, Bellevue, WA 98 (Current mailing a ress of Florida registered agent: (P.O. I orp Services, LLC 1 South State Road 7, Suite 106 (City) acceptance: registered agent and to accept service

lace ignated 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.

Anthony Palazzo, Assistant Secretary
(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				
□Chairman	Name: Liyang Ma	□Chairman	Name:	
□Vice Chairman	Address: 170 8 Lincoln #100, Spokane, W?	□Vice Chairman		
■Director		□Director		
■President	·	□President		
□Vice President		■ Vice President		
\(\subsection \) Secretary	Treasure	□Secretary		Treasurer
COther	□Other □	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
DOther	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	20
□Vice Chairman	Address:	□Vice Chairman		20
□Director		□Director	 -	
□President		□President		P
□Vice President		□Vice President		·
□Secretary	□Treasurer	□Secretary		િ Treasurer
□Other		Dither		□Other
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen	chment will be image nt of State Annual Re	d for reporting p port form,	urposes only. Non-indexed
12	Signature of Director of	0.00		
The officer or direct she is aware that fa	etor signing this document (and who is listed in number lse information submitted in a document to the Departi	· 11 abovo a citamo ato	at the facts stated	d herein are true and that he or

s.817.155, F.S.

13. Liyang Ma. Director



Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

HEXA RECREATION PRODUCTS INC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/11/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/30/2020 UBI Number: 604 025 889

STATE OF WASHINGTON

AMEDIE --

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Tun Ulgna

Date Issued: 01/30/2020

COZUTET I I PH BI TO



March 10, 2020

JUN QIAN 11900 NE 1ST ST STE 300 BELLEVUE, WA 98005 US

SUBJECT: HEXA RECREATION PRODUCTS INC

Ref. Number: W20000025971

We have received your document for HEXA RECREATION PRODUCTS 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 220A00005320

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