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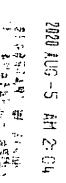
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AUG 18 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Intellian Technologies	s USA, Inc.		
	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Certiabove referenced foreign corporations."	tificate of Good Standii	ng" and check are subm	Business in Florida." aitted to register the
Please return all correspondence co	oncerning this matter to	the following:	
Jean Duong			
	Name of Pe	rson	
Intellian Technologies USA, Inc.			
	Firm/Compa	ny	
11 Studebaker			
<u> </u>	Address	·	
Irvine, CA 92618			
	City/State and	Zip code	
jean.duong@intelliantech.com			
E-mail a	address: (to be used for	future annual report no	tification)
For further information concerning	this matter, please call	:	
Jean Duong	949 at ()	727-4498 ext. 1116 Daytime Telepho	
Name of Person	Area Code	Daytime Telepho	one Number
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	
	IDA DEPARTMENT O 5 Filing Fee & □ \$	F STATE 78.75 Filing Fee & Certified 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.

(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flo	orida)	
California	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
October, 10th, 2	5.	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
December 1st. 2	018			
	(Date first transacted business in Fk (SEE SECTIONS 607.1501 & 607.1502.			
3172 N. Andrews	Avenue Extension, Pompano Beach, FL 33064			
•	(Principal office s	street address)		
			w . A	2
	(Current mailing ac	ddress. if different)	2) (1)= (4)(1) (2)= (4)(1) (3)= (4)(1) (4)= (7)(1)	eze Aug
Name and street	<u>st address</u> of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	*yn 3∓ 35 - ₹	ان
Name:	Bladimiros Stavropoulos		.) <u>.</u> .	<u> </u>
fice Address:	3172 N. Andrews Avenue Extension	- 		1 2: 04
	Pompano Beach	Florida 33064	** *********	- F -
	(City)	(Zip code)		
wing been nam signated in this ther agree to c	application, I hereby accept the appointmen	of process for the above stated corporation at t as registered agent and agree to act in this tive to the proper and complete performance on as registered agent.	capac	itr.

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: Sang Yub Sung	□Chairman	Name:	
□Vice Chairman	Address: 11 Studebaker, Irvine, CA92618	□Vice Chairman	Address: 11 Studebaker, Irvine, CA 92618	
Director		Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	□Other		
□Chairman	Name:	□Chairman	Michael S Holloway	
□Vice Chairman	Address:	□Vice Chairman	Address: 11 Studebaker, Irvine, CA 92618	
■Director	Irvine, CA 92618	□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	■ Secretary	□Treasurer	
□Other	□Other	□Other		
□Chairman	Name:	□Chairman	Name:	. · . T ì
□Vice Chairman	Address:	□Vice Chairman	Address:	\bigcirc
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□ Secretary	□Treasurer	
□Other	Other	□Other	Other	
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Floridal Leparmo	ichment will be image ent of State Annual Re	ed for reporting purposes only. Non-indexed eport form.	
12	Signature of Director of			
The officer or direction is aware that fals, 817, 155, F.S.	Signature of Director of Signature of Signatu	er 11 above) affirms th	nat the facts stated herein are true and that he or ites a third degree felony as provided for in	

13. In Jae Oh / Director

State of California

Secretary of State CERTIFICATE OF STATUS

ENTITY NAME:

INTELLIAN TECHNOLOGIES USA, INC.

FILE NUMBER:

C3049312

FORMATION DATE:

10/10/2007

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 08, 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.

1. Intellian Techn	ologies USA, Inc.	
(Enter name of c	corporation; must include "INCORPORATED." forp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)
California		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
D	MATO	
	(Date first transacted business in (SEE SECTIONS 607,1501 & 607.150	oz. (.o. to determine penanty monthly)
7. 3172 N. Andrews	Avenue Extension, Pompano Beach, FL 33064	ı
	(Principal offic	e <u>street</u> address)
<u></u>		
	(Current mailing	gaddress, if different)
8. Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)
Name:	Bladimiros Stavropoulos	
Office Address:	3172 N. Andrews Avenue Extension	
	Pompano Beach	Florida 33064
	(City)	(Zip code)
designated in this further agree to co and I am familiar	ed as registered agent and to accept service application. I hereby accept the appointment omply with the provisions of all statities reswith and accept the obligations of my positive and accept the obligations of my positive accept the obligations of my positive accept its significant accept in the content of the conten	nature)
10. Attached is a continuous the Department of	ertificate of existence duly authenticated, in State, by the Secretary of State or other of fi	ot more than 90 days prior to delivery of this application to icial having custody of corporate records in the jurisdiction

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated. /

A. DIRECTORS. Name: Sang Yub Sung Edward Joannides □Chairman □Chairman Address: _____ 11 Studebaker, Irvine, CA92618 ☐ Vice Chairman Address: □ Vice Chairman ■ Director **■**Director President President □ Vice President □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other ____ □Other | □Other _____ □ Other ______ In Jae Oh Name: Michael S Holloway □Chairman Name: □Chairman 11 Studebaker 11 Studebaker, Irvine, CA 92618 □Vice Chairman Address; Address: □ Vice Chairman Irvine, CA 92618 ■ Director □Director □President □President □ Vice President □ Vice President \square Treasurer □ Secretary **■**Secretary ☐ Treasurer □Other _____ □Other _____ Name: □Chairman □ 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 Floridal 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 talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. In Jae Oh / Director

State of California

Secretary of State CERTIFICATE OF STATUS

ENTITY NAME:

INTELLIAN TECHNOLOGIES USA, INC.

FILE NUMBER: FORMATION DATE:

C3049312 10/10/2007

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 08, 2020.

ALEX PADILLA Secretary of State