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(Red	questor's Name)			
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PICK-UP	WAIT M	AIL		
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Certified Copies	_ Certificates of Status _			
Special Instructions to F	Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations			
Ucloudlink (America), Ltd.			
SUBJECT: Name	of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Co"Certificate of Existence." or "Certificate above referenced foreign corporation to t	e of Good Stand	ling" and check are submitted to regist	
Please return all correspondence concern Kristina Beck	ing this matter	to the following:	
	Name of P	erson	
Inteserra Consulting Group, Inc.			
	Firm/Comp	pany	
151 Southhall Lane, Suite 450			
	Addres	GS	-
Maitland, FL 32751			
	City/State an	d Zip code	
kbeck@inteserra.com			
E-mail addres	s: (to be used fo	or future annual report notification)	~-3 ~-3
For further information concerning this r	natter, please ca	all:	7000 - 15
Kristina Beck	407 at (659-8748	- ن
Name of Person	Area Code	Daytime Telephone Number	— — — — — — — — — — — — — — — — — — —
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ය්
Enclosed is a check for the following am	iount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate	_	\$78.75 Filing Fee & S87.50 Filed Copy Certified Copy Certified	te of Status &

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 c	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	:D," "(COMPANY," "CORPORATION,"	-
	Ucloudlink	(America) Co., Ltd.	· -		_
	(If name unavail	able in Florida, enter alternate corporate na	ne ado	pted for the purpose of transacting business in Florida)	
2.	New York		36	-4843405	
۷.	(State or countr	y under the law of which it is incorporated)	J	(FEI number, if applicable)	_
	August 1 2016				
4.			5	(Date of duration, if other than perpetual)	_
	(Date	of incorporation)		(Date of duration, if other than perpetual)	
6.					_
•		(Date first transacted busine	s in Fl	orida, if prior to registration)	
		(SEE SECTIONS 607.1501 & 60	7.1502	F.S., to determine penalty liability)	
7	119B Hester Stre	et, New York, NY 10002			
′		(Pri	ncipal	office address)	-
		(Current m	ailina a	ddress if different)	_
		(Current ma	ailing a	ddress, if different)	_
		,	Ū		
8.	Name and stree	(Current manager) (Current manager) (Current manager) (Current manager)	Ū		
8.		et address of Florida registered agent: (Corporation Service Company	P.O. E		
8.	Name and stree	et address of Florida registered agent: (Corporation Service Company	P.O. E		
		et address of Florida registered agent: (Corporation Service Company	P.O. E		
	Name:	Corporation Service Company 1201 Hays Street	P.O. E	Box <u>NOT</u> acceptable)	
	Name:	Corporation Service Company 1201 Hays Street	P.O. E	Box <u>NOT</u> 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.

Corporation Service Company

By: Maureen DiCarlo 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.

11. Names and business addresses of officers and/or directors:

A. DIR	ECTORS	
Chairmar		
Address:		
Vice Cha	irman:	
Director:	Zhi Ping Peng	
Address:	119B Hester Street	
	New York, NY 10002	
Director:		
		-
B. OFF	ICERS	•
President:	Zhi Ping Peng	
	119B Hester Street	
	New York, NY 10002	77
Vice Pres	ident:	7678[77]
		u n
, 140.000.		<u></u>
Secretary:	Zhi Ping Peng	= :2
·	119B Hester Street, New York, NY 10002	
	If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
12	Signature of Director or Officer	
are true a a third de	er or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Depergree felony as provided for in s.817.155, F.S.	
13. Zhi I	(Typed or printed name and canacity of person signing application)	
	I Upped or printed name and connects of namon common application)	

State of New York **} ss: Department of State**

I hereby certify, that the Certificate of Incorporation of UCLOUDLINK (AMERICA), LTD. was filed on 08/01/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of November two housand and twenty.

Braden C. Hughen

Brendan C Hughes Executive Deputy Secretary of State



December 8, 2020

KRISTINA BECK 151 SOUTHHALL LANE STE 450 MAITLAND, FL 32751 US

SUBJECT: UCLOUDLINK (AMERICA), LTD.

Ref. Number: W20000138788

We have received your document for UCLOUDLINK (AMERICA), LTD. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD, is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

Under line 1, please add business name and add corporate suffix, (corp, inc, or co.)

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: 920A00024520

RECEIVED