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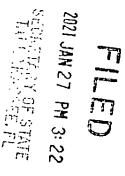
| (Request                       | or's Name)             |
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| Special Instructions to Filing | Officer:               |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2021

LAUREN KIM 710 E. PICO BLVD. #201 LOS ANGELES, CA 90021

SUBJECT: NEW FASHION GROUP INC

Ref. Number: W21000002379

We have received your document for NEW FASHION GROUP INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott Document Specialist II

Letter Number: 421A00000494

RECEIVED
JAN 2 5 2021

### **COVER LETTER**

| TO:  | Registration Section Division of Corporat | ions  |  |  |  |
|--|---|---|--|--|--|
| SUBJ   | FCT. NEW FASHIO                           | N GROUP INC   |  |  |  |
| SUDJ   | EC1                                       | Name of corporation -   | must include suffix  |  |  |
| Dear S   | ir or Madam:                              |   |  |  |  |
| "Certi   | ficate of Existence," or                  | y Foreign Corporation for A<br>"Certificate of Good Standi<br>poration to transact business | ing" and check are sub   |  |  |
| Please   | return all corresponde                    | nce concerning this matter to   | o the following:   |  |  |
| Lauren   | Kim                                       |   |  | <b>202</b>   |  |
|  | -   | Name of Po  | erson  | Cherry<br>Cherry   |  |
| New F  | ashion Group Inc                          |   |  | N gazon  |  |
|  |   | Firm/Comp   | any  | 7  |  |
| 710 E.   | Pico Blvd. #201                           |   |  |  |  |
| -  |   | Addres  | s  | 75 C   |  |
| Los Ar   | ngeles, CA 90021                          |   |  | 22<br>1. TE  |  |
|  |   | City/State and  | d Zip code   |  |  |
| newfas   | hiongroupinc@gmail.co                     | m   |  |  |  |
|  | E-  | mail address: (to be used fo  | r future annual report i   | notification)  |  |
| For fu   | rther information conc                    | erning this matter, please ca   | li:  |  |  |
| Lauren   | Kim                                       | at ( 323  | 392-0395   |  |  |
|  | Name of Person                            | Area Code   | Daytime Telep  | hone Number  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |   | ions<br>assee<br>eet, Suite 810   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |  |
| Please   |   | FLORIDA DEPARTMENT (<br>\$78.75 Filing Fee &  | OF STATE<br>\$78.75 Filing Fee &<br>Certified Copy   | \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

. .

under the law of which it is incorporated.

| (If name unavail   | able in Florida, enter alternate corporate name add   | opted for the purpose of transact           | ing business in Florida)     |  |
|--|---|---|------------------------------|--|
| CALIFORNIA   | 3 84  | 1-3765826                                   |                              |  |
| (State or country under the law of which it is incorporated) |   | (FEI number, if applicable)                 |                              |  |
| 12/9/2019  | 5   |   |                              |  |
| (Date of incorporation)                                      |   | (Date of duration, if other than perpetual) |                              |  |
| ·  |   |   |                              |  |
| _  | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502                                     |   | iliny) (C Na                 |  |
| 14560 SW 5TH S   | TREET, Pembroko Propo 33027   | ., 1.5., to determine penalty had           | 100 PM                       |  |
|  | (Principal office   | etroet address)                             |                              |  |
| 710 F PICO BL  | VD. #201 LOS ANGELES, CA 90021  | street address)                             | N                            |  |
|  | <u> </u>  | address, if different)                      | <u> </u>                     |  |
|  | (Careir maning  | address, it differently                     | SHE S                        |  |
| Name and stree   | et address of Florida registered agent: (P.O. I   | Box NOT acceptable)                         | 3: 2<br>3: 2<br>3: 71        |  |
| Name:  | KWAN CHUNG  | · ,   | Fi N                         |  |
|  | 14560 SW 5TH STREET   | <del>-</del>                                |                              |  |
| ffice Address:   | DEMODOVE DIVES  | 22027                                       |                              |  |
|  | PEMBROKE PINES  | , Florida 33027                             |                              |  |
|  | (City)  | (Zip code)                                  |                              |  |
| aving been nam<br>signated in this                           | ent's acceptance:  ed as registered agent and to accept service  application, I hereby accept the appointment | nt as registered agent and ag               | ree to act in this capacity. |  |
|  | omply with the provisions of all statutes rela<br>with and accept the obligations of my posit                 |   | ete perjormunce oj my uu     |  |
| ia i am jamiliai   | )   |   |                              |  |
| ta i am jamiliai   |   |   |                              |  |

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS **KWAN CHUNG** □ Chairman Name: \_\_\_\_\_ Chairman 710 E. PICO BLVD. #201 ☐ Vice Chairman Address: \_\_\_\_ ☐ Vice Chairman Address: LOSANGELES, CA 90021 ☐ Director □ Director President ☐ President ☐ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other \_ \_\_\_ □ Chairman Name: \_\_\_\_\_\_ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: Director □ Director ☐ President □ President ☐ Vice President ☐ Vice President \_ Treasurer □Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ Chairman □Vice Chairman Address: Uvice Chairman Address: Director □ Director President President □Vice President ☐ Vice President □Treasurer ☐ Sccretary ☐ Treasurer ☐ Secretary 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 s.817.155, F.S.

**KWAN CHUNG** 



I, JAMES SCHWAB, Acting Secretary of State of the State of California, hereby certify:

**Entity Name:** 

NEW FASHION GROUP, INC.

File Number:

C4534919

Registration Date:

12/02/2019

Entity Type:

DOMESTIC STOCK CORPORATION

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of January 20, 2021 (Certification Date), 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 as of the Certification Date 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 at 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 January 21, 2021.

JAMES SCHWAB
Acting Secretary of State

Certificate Verification Number: R4ELX6Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <u>bebizfile.sos.ca.gov/certification/index</u>.