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COVER LETTER

10:	Division of Corpo			
SUBJ	ECT:	Lea International Manager	nent, Inc.	
0020		Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			
"Certif	ficate of Existence,	n by Foreign Corporation fo for "Certificate of Good State corporation to transact busin	inding" and check are sub	
Please	return all correspor	ndence concerning this matte	er to the following:	
		Celia C. C	Geng CPA	
		Name o	f Person	
		Celia C. Genç	& Co., LLC	
		Firm/Co	mpany	
		41-28 Colle	ege Point Blvd	
		Add	ress	
		Flushing	, NY 11355	1
		City/State	and Zip code	,
_		· •	engcpa.com	·
		E-mail address: (to be used	for future annual report r	notification) ·
For fur	ther information co	ncerning this matter, please	call:	-
Celia C	Name of Person at (718 Area Code Daytime Telephone Number			
	Name of Person	Area Co	de 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		on rations ahassec treet, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please r	nake check payable to	following amount: b: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	T OF STATE \$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certificate of Status & Certified Copy

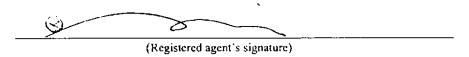
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Ì.	Lea Internation	Lea International Management, Inc.				
		corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business i	in Florida)		
2 New York		3	11-3380779			
01/00/1007			3. \frac{11-3380779}{\text{(FEI number, if applicable)}} 5. \frac{\text{(Date of duration, if other than perpetual)}}{\text{(Date of duration, if other than perpetual)}}			
		of incorporation)				
6.				· · · · ·		
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) (02, F.S., to determine penalty liability)			
7		2831 Esmeralda Drive				
(Principal office street address)						
		Sarasota,	FL 34243			
	······································	(Current mailin	g address, if different)			
8.	Name and street	et address of Florida registered agent: (P.C Man Li	. Box <u>NOT</u> acceptable)	~ ;		
Office Address:		2831 Esmeralda Drive		,		
Ξ.		Sarasota	 , Florida	,		
		(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.



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 Man Li □Chairman □Chairman Name: 2831 Esmeralda Drive ☐ Vice Chairman □ Vice Chairman Address: Address: Sarasota FL 34243 ■ Director 1.1Director □President □President □Vice President ☐ Vice President ☐ Treasurer □ Treasurer □ Secretary □ Secretary □Other _____ Other ____ Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: □Vice Chairman Address: □Vice Chairman Address: Director □Director □President □President ☐ Vice President □Vice President ____ ☐ Secretary Treasurer ☐ Secretary Treasurer Other _____ □ Other ______ ☐ Other _____ Name: []Chairman Name: □Chairman □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 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. Man Li 13.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LEA INTERNATIONAL MANAGEMENT, INC. was filed on 05/08/1997, under the name of KANGKE INDUSTRIAL USA, INC., 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.

A Certificate of Amendment KANGKE INDUSTRIAL USA, INC., changing its name to LEA INTERNATIONAL MANAGEMENT, INC., was filed 10/07/2019.



Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of April two thousand and twenty-one.

Braden C Hylen

Brendan C. Hughes
Executive Deputy Secretary of State

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