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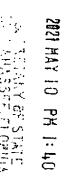
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JUN -7 2021 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AGL USA INC		
	oration - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporati "Certificate of Existence," or "Certificate of God above referenced foreign corporation to transact	od Standing" and check are submitted to re	
Please return all correspondence concerning this	matter to the following:	
MARK KANG		
Na	ame of Person	
RIGHT TAX SERVICE LLC		
Fir	m/Company	THE S
40 MIDDLE NECK ROAD, SUITE A		
GREAT NECK, NY 11021	Address	# 12 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2
City/	State and Zip code	1,44
office2@righttaxservice.com	,	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	olease call:	ŋ .
MARK KANG at (331-1127	
Name of Person Are	ea Code Daytime Telephone Numb	oer
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	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$70.00 Filing Fee \$\$ \$78.75 Filing Fee & Certificate of Statu	& ☐ \$78.75 Filing Fee & ■ \$87.5 ss Certified Copy Certi	50 Filing Fee, ificate of Status & ified 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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busine	ess in Florida)
DELAWARE	3	86-2817840	
(State or count	y under the law of which it is incorporated)	86-2817840 (FEI number, if applicable)
03/19/2021	5.		
(Date	(Date of incorporation) 5. (Date of duration, if other than perpetual)		petual)
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
6900 TAVISTO	K LAKES BLVD, SUITE 400, ORLANDO, F		
		ce street address)	
	· · · · · · · · · · · · · · · · · · ·	···	
	(Current mailing	g address, if different)	
	(Current mailing	g address, if different)	
Name and stre	(Current mailing traddress of Florida registered agent: (P.O		7, 10 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
			7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Name and stre Name: ffice Address:	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	TEDAY STELLED
Name:	at address of Florida registered agent: (P.O.) JAESEOK PARK 6900 TAVISTOCK LAKES BLVD, SUITE	. Box <u>NOT</u> acceptable)	TEDIAY OF STAIR

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.

Que Scale Par (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 JINKOOK HWANG JAESEOK PARK □ Chairman Chairman 6900 Tavistock Lakes Blvd, 6900 Tavistock Lakes Blvd, □Vice Chairman Address: □Vice Chairman Address; Suite 400, Orlando, FL 32827 Suite 400, Orlando, FL 32827 ☐ Director Director **■**President □ President □Vice President □Vice President □ Secretary □Treasurer □ Secretary Treasurer ☐ Other _____ □Other ____ □Other ____ □Other _____ □Chairman Name: ____ □ Chairman Name: _____ □Vice Chairman Address: _____ □Vice Chairman Address: □ Director □ Director □ President □President □ Vice President □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other ____ Other ____ Other ____ Other 営芸 دی سند زیر ش □Chairman □ Chairman Name: ____ □Vice Chairman Address: _____ □Vice Chairman Address: □ Director ☐ Director □President □ President □Vice President ____ □Vice President □ Secretary □ Treasurer □ Secretary ☐ Treasurer □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

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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817.155, F.S.

IS JAESEOK PARK, DIRECTOR

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGL USA INC" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGL USA INC" WAS INCORPORATED ON THE NINETEENTH DAY OF MARCH, A.D. 2021.

Authentication: 202914118

Date: 04-08-21

5581570 8300 SR# 20211033381