# F210000004059

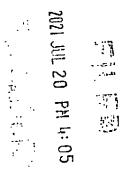
(Requestor's Name)
(Address)
(radioss)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
emaile2 proof 7/20/21
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Office Use Only



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# **COVER LETTER**

	egistration Section ivision of Corporati	ons			
SUBJEC	BG1 Group Inc				
		Name of corporati	on - must include suffix		_
Dear Sir o	or Madam:				
"Certifica	te of Existence," or		or Authorization to Transa tanding" and check are sub iness in Florida.		
Please reti	urn all corresponder	ace concerning this mat	ter to the following:		
Xin Jin					
		Name (	of Person		
BGI Group	o Inc				
		Firm/Co	ompany	207	
2065 Bake	r Way				- 4
	, -	Ad	dress	2	
Kennesaw,	. GA 30144			. с	,
		City/State	e and Zip code		}— . £
cindy@usc	rabinetdepot.com				<del>.</del>
	E-I	nail address: (to be use	d for future annual report	notification) . c	'n
For furthe	r information conce	rning this matter, pleas	e call:		
Xin Jin		770 at (	7673800		
N	lame of Person	Area C		hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		ons assee et. Suite 810	Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please mak	Filing Fee	llowing amount: LORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	NT OF STATE  ☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee Certificate of Stat 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.

Georgia		e adopted for the purpose of transacting business in Florid 81-1215726  (FEI number, if applicable)	<u>a)</u>
01/06/2016	•	(s or name), a approache)	
(Date 03/01/2021	of incorporation)	(Date of duration, if other than perpetual)	
<b>630.</b> 1	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	_
301 Lyons Road	CULONO + CHEK, FL :	33073	
2065 Baker Way	(Pfincipal of Kennesaw GA 30144	fice street address)	
-		ing address, if different)	3 .
Name and stee	(Current mail:		7
Name and <u>stree</u> Name:			
Name:	(Current mailing a standard agent (P.		T
Name:	(Current mails at address of Florida registered agent (P. Graham Harrison	O. Box NOT acceptable)	
Name: Tice Address:	(Current mails at aiddress of Florida registered agent: (P. Graham Harrison 6301 Lyons Road Coconut Creek (City)	O. Box <u>NOT</u> acceptable)	
Name: ffice Address:  Registered againg been namesignated in this riber agree to co	(Current mails  at address of Florida registered agent: (P. Graham Harrison  6301 Lyons Road  Coconut Creek  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appoint	O. Box NOT acceptable) , Florida 33073  (Zip code)  rice of process for the above stated corporation at the ment as registered agent and agree to act in this carefulation of the process of the p	ومخدس

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

### A. DIRECTORS Zhen Xu □ Chairman □Chairman Name: \_\_\_\_\_ 2065 Baker Way ☐ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ Kennesaw GA 30144 □ Director Director □ President President ☐ Vice President □Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer CEO CEO ☐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 \_\_\_\_ 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\_\_\_\_ 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 5.817.155, F.S. ZHEN XU 13.

(Types or printed name and capacity of person signing application)

Control Number : 16004687

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### BGI GROUP INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number, Date Inc/Auth/Filed: 01576/2016

Jurisdiction C . : Georgia Print Date

Form Number

. 211



Brad Rafforeges

Brad Raffensperger Secretary of State