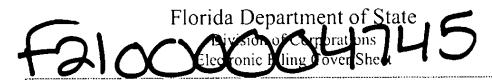
8/17/2021

Division of Corporations



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(((H21000309154 3)))



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Division of Corporations

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From:

Account Name : FORWARD LAW FIRM, P.A.

Account Number : 120090000062 Phone : (407)621-4200 Fax Number : (407)621-4210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Thinh An Kitchen & Tofu Franchising, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Help

31777

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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.

Thinh An Kitch	en & Tofu Franchising, Inc.				
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION."			
Thinh An Kitch	en & Tofu Franchising, Incorporation				
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting bus	iness in Florida)		
2. Delaware	3.				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicab	ole)		
4. 6-22-2021	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
6					
. <u> </u>	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)			
7 12286 E. Colonia	1 Dr., Ste. 105, Orlando, FL 32828				
· -		street address)			
	(Current mailing	address, if different)	202		
			2021 AUS 17		
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		-, .	
Name:	Assured Compliance Services, LLC			<u>= 22.</u>	
	175 Lookout Place, Suite 100		PH	. :	
Office Address:			င်ာ	;	
	Maitland	Florida	<u></u> ဟ		
	(City)	(Zip code)			
designated in this further agree to c	ted as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relewith and accept the obligations of my posi-	nt as registered agent and agree to ative to the proper and complete per	act in this capaci	ity. I_{-}	
_	(Registered agent's sign	noture)			
	(Registered agent's sign	iature)			

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.

08/17/2021 * 08:16 AM

s.817.155, F.S.

Bruce Tran

TO:18506176383 FROM:4076214210

Page: 3

DocuSign Envelope ID: 5F93DF14-6D42-4296-899D-3A1A552D7A84

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 12286 E. Colonial Dr., Ste. 105,	□Vice Chairman	Address:	1000		
■ Director	Orlando, FL 32828	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:	1-11		
□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:	47 · · · · · · · · · · · · · · · · · · ·		
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	Other	□Other		Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	nt of State Annual Re	eport form.			
12 Brue_	MANSignature of Director o	r Oificer				
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						

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT "THINH AN KITCHEN & TOFU

FRANCHISING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SECOND DAY OF JUNE, A.D. 2021, AT 12:25 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THINH AN KITCHEN & TOFU FRANCHISING, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203879399

Date: 08-09-21