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2021 AUS 19 AH 11: 35

AUG 24 2021 M. SOLOMON

## **COVER LETTER**

_	tration Section ion of Corporations			
SUBJECT:	Chan Hwa Trading Corporation			
3011112011	Name of c	orporation -	must include suffix	
Dear Sir or M	ladam;			
"Certificate o	"Application by Foreign Corport Existence." or "Certificate of ced foreign corporation to trans	Good Stand	ng" and check are submitted	
Please return	all correspondence concerning	this matter t	o the following:	
Kathy Hennes	ssey			
		Name of Po	erson	
Smith, Gambi	rell & Russell, LLP			
		Firm/Comp	any	
50 N. Laura S	treet, Suite 2600			
		Addres	s	
Jacksonville.	Florida 32202			
	(	City/State and	l Zip code	
jeffmiller@ha				
	E-mail address: (t	o be used fo	r future annual report notific	ation)
For further in	formation concerning this matt	er, please ca	11:	
Kathy Hennes	ssey	904	365-0536	
Nam	e of Person	Area Code	Daytime Telephone	Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	1 ations
Enclosed is a Please make of	check for the following amour heck payable to: FLORIDA DEP, ling Fee	ARTMENT (	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.

(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-
		94-3025698	
(State or countr	y under the law of which it is incorporated)	porated) (FEI number, if applicable)	
December 20, 1	985		_
(Date	of incorporation)	(Date of duration, if other than perpetual)	•
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-
236 Canal Boule	vard, Suite 3, Ponte Vedra Beach, Florida 320 (Principal off	ice street address)	-
		,	
	(Current mailir	ng address, if different)	::: CO21
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	#05 19
Name:	Jeff Miller		_
Office Address:	236 Canal Boulevard, Suite 3	 	
	Ponte Vedra Beach	, Florida 32082 (Zip code)	MH 11: 35
	(City)	(Zip code)	
Taving been nam lesignated in this urther agree to c	application, I hereby accept the appoints	ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the proper and complete performance of mostion as registered agent.	icity. 1

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]:

□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address: 236 Canal Boulevard, Suite 3
Director	Ponte Vedra Beach, Florida 32082	Director Ponte Vedra Beach, Florida 32082	
■ President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	■ Secretary	Treasurer
Other	□ Other	□Other	Other
□Chairman	Name:Alexander Combs	□Chairman	Name:
	236 Canal Boulevard, Suite 3	□Vice Chairman	Address:
☐ Director	Ponte Vedra Beach, Florida 32082	Director	
□President		☐ President	
□Vice President		□Vice President	
□Secretary	Treasurer	Secretary	OTreasurer 🚉 😤
Other	□Other	□Other	
□Chairman	Name:	□Chairman	)
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		Director	35 35
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	Treasurer
Other	Other	□Other	Other
The officer or dire	Use an attachment to report more than fix (6). The a stadded to the index which filling your viorida Depart Signature of Director signing this document (and who is listed in numalse information submitted in a document to the Depart	or or Officer above) affirms the	nat the facts stated herein are true and that he or

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CHAN HWA TRADING CORPORATION**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 12/20/1985, and is in good standing in this state.

Certificate Number: B202108171918445

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/17/2021.

Barbara K. Cegavske BARBARA K. CEGAVSKE Secretary of State