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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Attcon International Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

,

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Drew Harrison
Name of Person
Attcon International Corporation
Firm/Company
1420 Celebration Blvd, Suite 200
Address
Celebration, FL 34747
City/State and Zip code
AIC@AttconInternational.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Drew Harrison919780-8822

Name of Person

Area Code

Daytime Telephone Number

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 DEPARTMENT OF STATE S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status 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.

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9. Registered agent's acceptance:

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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.

Bee Hame

(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

Chairman	Drew Harrison Name:	□ Chairman	Jian Huang Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	1420 Celebration Blvd.	Director	1420 Celebration Blvd.	
President	Suite 200	President	Suite 200	
□Vice President	Celebration, FL 34747	Vice President	Celebration, FL 34747	
Secretary	Treasurer	Secretary	[] Treasurer	
[] Other	Other	[] Other	Other	
Chairman	Name:	Chairman	Name:	
🗍 Vice Chairman	Address:	DVice Chairman	Address:	
Director		Director		
President		DPresident		
Uvice President		OVice President		
Secretary	Treasurer	Secretary		
Other	[]Other	DOther		
				•••
Chairman	Name:	[]Chairman	Name:	2
□Vice Chairman	Address:	□Vice Chairman	Address:	F
Director		Director		
President		President		
□Vice President	••••••••••••••••••••••••••••••••••••••	DVice 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.

rew Harrison o12.

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 \$.817.155, F.S.

13. Drew Harrison, President/CEO

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATTCON INTERNATIONAL CORPORATION" 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 SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATTCON INTERNATIONAL CORPORATION" WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 2016.

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



Authentication: 203865221 Date: 08-06-21

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SR# 20212853458 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1