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OCT - 4 2021 M. SOLOMON

COVER LETTER

TO: Registration Section	
Division of Corporation	ns .
SUBJECT: INHAND NETWO	DRKS, INC.
	Name of corporation - must include suffix
Dear Sir or Madam:	
"Certificate of Existence," or "C	Toreign Corporation for Authorization to Transact Business in Florida," Certificate of Good Standing" and check are submitted to register the ration to transact business in Florida.
Please return all correspondence	e concerning this matter to the following:
MING LI	
	Name of Person
INHAND NETWORKS, INC.	
	Firm/Company
3900 JERMANTOWN ROAD, SU	JITE 150
	Address
FAIRFAX, VA 22030	
· · · · · · · · · · · · · · · · · · ·	City/State and Zip code
LIMING@INHANDNETWORKS	S.COM
E-ma	ail address: (to be used for future annual report notification)
For further information concern	ing this matter, please call:
MING L1	at (703 348-2988
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassec, FL 32303	Registration Section Division of Corporations See P.O. Box 6327
Enclosed is a check for the follo	owing amount:

□ \$78.75 Filing Fee &

☐ \$87.50 Filing Fee,

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$78.75 Filing Fee &

■ \$70.00 Filing Fee

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 unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
VIRGINIA3.		46-3443447	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
08/09/2013 5.		PERPETUAL	
(Date of incorporation)		(Date of duration, if other than perpetual)	
05/03/2016			
··		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
, 3900 JERMANT	OWN ROAD, SUITE 150, FAIRFAX, VA 22	030	
*	(Principal off	ice street address)	
	(Current maili	ng address, if different)	. 2
		111.4%	
		, n	. 21
3. Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	71 007
3. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.C REGISTERED AGENTS INC.	D. Box NOT acceptable)	21 0CT -1
Name:		D. Box NOT acceptable)	21 OCT -1 P#
	REGISTERED AGENTS INC.	O. Box NOT acceptable)	21 OCT -1 PH 1:5
Name:	REGISTERED AGENTS INC. 7901 4TH STREET N. SUITE 300	——————————————————————————————————————	21 OCT -1 PH 1:53

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

under the law of which it is incorporated.

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

A. DIRECTORS Name: MING LI Chairman Chairman Name: _____ ☐ Vice Chairman Address: ☐ Vice Chairman Address: 3900 JERMANTOWN ROAD Director ☐ Director SUITE 150 President ☐ President FAIRFAX, VA 22030 ☐ Vice President ☐ Vice President □Secretary □Treasurer ☐ Secretary □Treasurer □Other _____ □Other ____ □ Other _____ Other ____ □Chairman Name: _____ Name: Chairman □Vice Chairman Address: Address: ☐ Vice Chairman Director □ Director □President □ President □Vice President _____ ☐ Vice President ☐ Secretary □ Treasurer ☐ Secretary □Treasurer Other _____ □Other ___ Other _____ □ Chairman Chairman Name: Name: ____ □ Vice Chairman Address: □Vice Chairman Address: _____ Director Director □ President □ President ☐ Vice President _ □Vice President ☐ Secretary ☐ Freasurer ☐ Secretary Treasurer □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. 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 s.817.155, F.S. 13. MING LI

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

Communication all the Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That InHand Networks, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 9, 2013;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

June 7, 2021

Bernard J. Logan, Clerk of the Commission



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2021

MING LI INHAND NETWORKS, INC. 3900 JERMANTOWN ROAD, SUITE 150 FAIRFAX, VA 22030

SUBJECT: INHAND NETWORKS, INC. Ref. Number: W21000093351

We have received your document for INHAND NETWORKS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$750.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 521A00014703