F21000006164

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filling Officer: Kiching Foreign Filling				
at. 21, 2021				
6)21-140004 Short \$				





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K. SALY



CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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		PICK U	UP: <u>10/21 DANNY</u>	
	XX	CERTIFIED COPY PHOTOCOPY CUS		
	XX	FILING	FOREIGN INC	
1.		AUTOLEAP US INCORP (CORPORATE NAME AND DOCUME		
2.		(CORPORATE NAME AND DOCUME	ENT #)	
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October 22, 2021

CORPORATE ACCESS, INC.

SUBJECT: AUTOLEAP US INCORPORATED

Ref. Number: W21000140004

CONNECTED

CONNECTED

Planse Filo Dake

Ist Submitted

We have received your document for AUTOLEAP US INCORPORATED and check(s) totaling \$35.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$35.00. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Saly Regulatory Specialist II

Letter Number: 221A00025780

MECETARES
2021 OCT 22 PM 4: 42

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.

AutoLeap US II	ncorporated		
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Flor	ida)
Dolowara			·
State or countr	y under the law of which it is incorporated) 3.	(FEI number, if applicable)	
08.25.2021			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)	
5 Francis Drive, 1	Upton, MA 01568		
		e street address)	
	(Current mailing	address, if different)	.
		rit	1-101 BCT 21
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Registered Agent Solutions Inc.		
Office Address:	155 Office Plaza Drive - Suite A	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee	Florida	ري ج
	(City)	(Zip code)	_
daving been nam lesignated in this jurther agree to c	application, I hereby accept the appointme	· · · · · ·	rapacity. of my dut
_		Adam Saldana, Asst. Secre	tary
	(Registered agent's sig	nature)	

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 Kyle Zhao Name: Name: ___ □ Chairman □Chairman 5 Francis Drive, Upton, MA 5 Francis Drive, Upton, MA Address: ☐ Vice Chairman □ Vice Chairman Address: 01568 01568 Director □ Director President □ President □Vice President _____ ■ Vice President ☐ Secretary ■ Treasurer □Treasurer ■ Secretary □Other _____ □Other ____ \square Other_ □Other _____ Chairman Name: _____ □ Chairman Name: _ □Vice Chairman Address: □Vice Chairman Address: Director □ Director ☐ President □ President ☐Vice President ☐Vice President □Treasurer ☐ Secretary □ 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 s.817.155, F.S. Stephen Lau, President

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

DocuSign Envelope ID: D5DD3A64-E5D6-46A9-A8FE-AE86A3A23F28

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AUTOLEAP US INCORPORATED" 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 ELEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUTOLEAP US INCORPORATED" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2021.

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





Authentication: 204374838

Date: 10-11-21

6193930 8300

SR# 20213476500

You may verify this certificate online at corp.delaware.gov/authver.shtml