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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*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

## Plasmapp America Inc.

Certificate of Status	0
Certified Copy	1
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S. FRANKLIN

JAN 0 4 2022

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From: James Tank

DocuSign Envelope ID: 323B5987-F16F-4701-A9E7-43892CFF2008

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	orporation, must include "INCORPORATED," ` orp," "Inc," "Co," or "Corp ")	"COMPANY," "CORPORATION,		
Ph. L	able in Florida, enter alternate corporate name ad	86-1287649		ida)
(State or country) 11/29/2021	y under the law of which it is incorporated)	(FEI number, if app	dicable)	
(Date of incorporation) (Date of duration, if other that		han perpetual)		
	eet, 2nd Floor, Coral Gables, FL 33134 (Principal	l office address)		2022 JAN
(Current mailing address, if different)  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)  C T Corporation System  Name:		175	-3 PM 1: 35	
fice Address:	1200 South Pine Island Road			
nee /moread.	Plantation			
		(Zip code)		

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.

C T Corporation System
Donna Peterson-Riggs

By: Asst. Secretary

(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.

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2022-01-03 09:57:02 CST

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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman \_\_\_\_\_ Vice Chairman, Address \_\_ Seungjin Han Director: 2332 Galiano Street, 2nd Floor, Coral Gables, FL 33134 Address: Masei Marty Trabish Director. 2332 Galiano Street, 2nd Floor, Coral Gables, FL 33134 Address: **B. OFFICERS** Seungim Han, Co-President and Co-Vice President President. 2332 Galiano Street, 2nd Floor, Coral Gables, FL 33134 Address: Masei Marty Trabish, Co-President and Co-Vice President Vice President \_ 2332 Galiano Sueet, 2nd Floor, Coral Gables, FL 33134 Address: Maser Marty Trabish Secretary. 2332 Galiano Street, 2nd Floor, Coral Gables, FL 33134 Masei Marty Trabish Treasurer: 2332 Galiano Street, 2nd Floor, Coral Gables, FL 33134 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. Seungjin Han, Co-President

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "PLASMAPP AMERICA INC." IS DULY

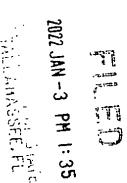
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D.

2021.

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





6400900 8300

SR# 20214152721
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205026933

Date: 12-20-21