

F22000002420

(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 Filing Officer:

Office Use Only



000383821640

2022 APR 19 PM 1:33

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 19 PM 1:53

RECEIVED

S. FRANKLIN

APR 20 2022

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 04/19/22**

**NAME: FACTORIAL INC.**

**TYPE OF FILING: APPLICATION**

**COST: 87.50**

2022 APR 19 PM 1:33

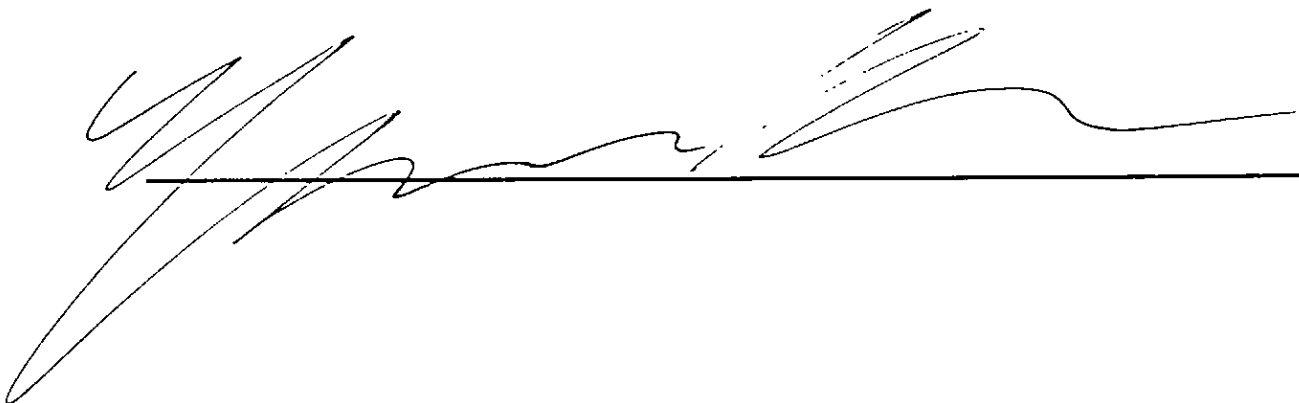
FILED

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Factorial Inc.

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:

Name of Person

Firm/Company

Address

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

2022 APR 19 PM 1:33

FILED

**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.*

1. Factorial Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Factorial Energy Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 84-2520648  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/8/2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19 Presidential Way; Suite 103, Woburn, MA 01801  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Florida Filing & Search Services, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee Florida 32301  
(City) (Zip code)

**9. Registered agent's acceptance:**

*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.*



(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.

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

2022 APR 19 PM 1:33

**A. DIRECTORS**

☒ Chairman Name: Joseph Taylor  
☐ Vice Chairman Address: 19 Presidential Way  
☐ Director Suite 103  
☐ President Woburn, MA 01801  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Siyu Huang  
☐ Vice Chairman Address: 19 Presidential Way  
☒ Director Suite 103  
☐ President Woburn, MA 01801  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

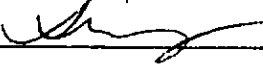
☐ Chairman Name: Liad Meidar  
☐ Vice Chairman Address: 19 Presidential Way  
☒ Director Suite 103  
☐ President Woburn, MA 01801  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Praveen Sahay  
☐ Vice Chairman Address: 19 Presidential Way  
☐ Director Suite 103  
☐ President Woburn, MA 01801  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Yingchao Yu  
☐ Vice Chairman Address: 19 Presidential Way  
☒ Director Suite 103  
☐ President Woburn, MA 01801  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael Bly  
☐ Vice Chairman Address: 19 Presidential Way  
☒ Director Suite 103  
☐ President Woburn, MA 01801  
☐ Vice President \_\_\_\_\_  
☐ 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.

12.   
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. Siyu Huang  
(Typed or printed name and capacity of person signing application)

Title: Director

Name: Uwe Keller

Address: 19 Presidential Way, Suite 103, Woburn, MA 01801

PM 1:34

2022 APR 19 PM 1:34

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FACTORIAL 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 FOURTEENTH DAY OF APRIL, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACTORIAL INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2019.

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

2022 APR 19 PM 1:34

FILED



7504094 8300

SR# 20221451434

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Jeffrey W. Bullock, Secretary of State

Authentication: 203179340

Date: 04-14-22