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COVER LETTER

TO:	Registration Section Division of Corporations					
SHR	IECT: INVERTERCOOL, INC.					
500	***************************************	of corporation	ı - mu	st include suffix	<u> </u>	
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to tra	of Good Stan	ding"	and check are sub-		
Please	return all correspondence concernit	ng this matter	to the	e following:		
HUA 2	ZHANG					
		Name of	Perso	n		
INVE	RTERCOOL, INC.					
		Firm/Com	npany		<u> </u>	2022
6611 N	IW 84TH AVE					2.17
		Addre	ess			 -
MIAM	II, FL 33166					တ်
		City/State a	nd Zip	code	.,, ., ., ., ., ., .	-:-
HUA.2	ZHANG@INVERTERCOOL.COM				-	
	E-mail address:	(to be used t	or fut	ure annual report n	otification)	
For fu	rther information concerning this ma	atter, please c	all:			
HUA Z	CHANG	t (NSS) 632-0620 Area Code Daytime Telephone Number				
	Name of Person	Area Cod	е	Daytime Teleph	one Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	i:		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassec, Fl	ection rporations	
Please	red is a check for the following amountained in the check payable to: FLORIDA DE 0.00 Filing Fee	PARTMENT Fee &	\$ 78.	TATE 75 Filing Fee & tified Copy	S87.50 Fill Certificate Certified	of Status &

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.

•	uble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florid
DELAWARE		3.	
(State or count) 08/27/2021	y under the law of which it is incorporated)	5.	(FEI number, if applicable) PERPETUAL
	of incorporation)	٦.	(Date of duration, if other than perpetual)
6611 NW 84TH	AVE, MIAMI, FL 33166		502, F.S., to determine penalty liability)
6611 NW 84TH	AVE, MIAMI, FL 33166 (Principal		
6611 NW 84TH .	(Principal	offi	
	(Principal	offi	ce street address) ng address, if different)
	(Principal	offi	ce street address) ng address, if different)
. Name and stree Name:	(Principal (Current ma et address of Florida registered agent: (offi	ce street address) ng address, if different)
3. Name and stree	(Principal (Current manual address of Florida registered agent: (Registered Agents Inc.	offi	ce street address) ng address, if different)

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 Agents Inc.
Bill Havre - Assistant 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.

A. DIRECTORS **HUA ZHANG** Name: ☐ Chairman □Chaiπnan Name: _____ 3708 HILLDALE DRIVE □Vice Chairman Address: ☐ Vice Chairman Address: NASHVILLE, TN 37215 ☐ Director · □ Director □ President □ President ☐ Vice President □Vice President □ Secretary □Treasurer ☐Secretary Treasurer Other COO □Other _____ □Other _____ Other ____ □ Chairman Name: ______ □ Chairman Name: □Vice Chairman Address: Address: ☐ Vice Chairman □ Director Director President □President ☐ Vice President ____ ☐Vice President □ Secretary Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □ Other □Chairman □ Chairman Name: _____ Name: _____ Address: □Vice Chairman Address: ☐ Vice Chairman ☐ 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. **HUA ZHANG**



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

DELAWARE, DO HEREBY CERTIFY "INVERTERCOOL, 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 TWENTY-FOURTH DAY OF AUGUST, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INVERTERCOOL, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2021.

2007 C - 6 Pii 7:31



Authentication: 204233144

Date: 08-24-22

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