F2300007490

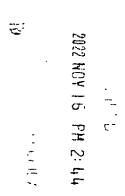
(Requ	uestor's Name)	
(Addn	ess)	
nbbA)	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



500397720045

11/16/22--01012--029 **70.00



T. LEMIEUX DEC - 8 2022

COVER LETTER

		ration Sec on of Corp					
		VALUE E	XCHANGE SOLUT	IONS, INC	ORPOR:	ATED	
SUBJE	ECT:		Name of	corporation	on - must	include suffix	
			ranic or	Строган	<i>7</i> 11 111(13)	menae samx	
Dear Sir	r or Ma	adam;					
"Certific	cate of	Existence		f Good Sta	anding" a	and check are sub	ct Business in Florida," mitted to register the
Please re	etum a	ill correspo	ondence concerning	g this matt	er to the	following:	
Ann-jie	Ching						
				Name o	f Person		
Value 13	xchang	e Solutions	, Incorporated				
				Firm/Co	mpany		
PO Box	1482						
		·		Ado	Iress		_
Mounta	in View	e, CA, 940-	12				
				City/State	and Zip	code	
annjie@	trylinde	o.com					
			E-mail address: (to be used	l for futu	re annual report i	notification)
For furtl	her infe	ormation o	concerning this mat	ter, please	call:		
Ann-jie (Ching		at	415)	2 - 9958 Daytime Telep	
	Name	of Person		Area Co	ode	Daytime Telep	hone Number
	Regist Division The Co 2415 N	ration Sec on of Corp entre of Ta	oorations allahassee Street, Suite 810			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	icction orporations 7
	ake cho	eck payable	he following amount to: FLORIDA DEP \$78.75 Filing Certificate of	ARTMEN Fee &	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of transa	cting business	in Florida)
Delaware	try under the law of which it is incorporated)	3		
6410/2010				
(Dat	e of incorporation)	5(Date of duration, if other		ual)
	(Date first transacted busines	s in Florida, if prior to registration) (4502, F.S., to determine penalty lia	ability)	
7901 4th St N, S	TE 300, St Petersburg, FL 33702			
	(Principal o	office street address)		
PO Box 1482, N	Mountain View, CA 94042			
	(Current ma	iling address, if different)		
		-		
Name and stro	eet address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)		-
Name and stree	Registered Agents Inc	P.O. Box <u>NOT</u> acceptable)	**************************************	2322
		P.O. Box <u>NOT</u> acceptable)		AUM 2363
Name:	Registered Agents Inc 7901 4th St N, STE 300			5122 HOA 1 6 1
Name:	Registered Agents Inc 7901 4th St N, STE 300	P.O. Box NOT acceptable) Florida 33702 (Zip code)		5355 MUA 19 LAUM 5362
Name: Fice Address:	Registered Agents Inc 7901 4th St N, STE 300 St Petersburg (City)	, Florida		2322 MOV 16 PM 2: L
Name: Tice Address: Registered ag	Registered Agents Inc 7901 4th St N, STE 300 St Petersburg (City) gent's acceptance:	, Florida 33702 (Zip code)		16 PH 2:4
Name: Tice Address: Registered agaving been nansignated in thi	Registered Agents Inc 7901 4th St N. STE 300 St Petersburg (City) gent's acceptance: ned as registered agent and to accept sets application, I hereby accept the appoin	Florida 33702 (Zip code) rvice of process for the above statement as registered agent and a	ated corporatingree to act in	6 PH 2: 4 the for this capa
Name: Fice Address: Registered agaving been nan signated in thirther agree to	Registered Agents Inc 7901 4th St N, STE 300 St Petersburg (City) gent's acceptance: med as registered agent and to accept sen	Florida 33702 (Zip code) rvice of process for the above statement as registered agent and as relative to the proper and com	ated corporatingree to act in	6 PH 2: 4 the for this capa

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 Ann-jie Ching Name: _ □Chairman □ Chairman Name: _____ PO Box 1482 Address: Address: _____ ☐ Vice Chairman ☐ Vice Chairman Mountain View, CA 94042 □ Director □ Director President President ☐ Vice President □Vice President □Secretary □Treasurer ☐ Treasurer ☐ Secretary CEO □Other _____ Other . □Other _____ Other _____ Chairman □ Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director □ President □ President ☐ Vice President ☐ Vice President □Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary □Other _____ □Other ___ □Other _____ Other _____ □Chairman Name: □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director President ☐ President □Vice President __ ☐ Vice President □ Treasurer □ Secretary Treasurer □ Secretary □Other ____ 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.



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8400119 VALUE EXCHANGE SOLUTIONS, INC 352 TYRELLA AVE B MOUNTAIN VIEW, CA 94043

09-28-2022

ATTN: ANN-JIE CHING

DESCRIPTION		AMOUNT
7459956 - VALUE EXCHANGE SOLUTIONS, INCORPORATED Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	BALANCE	\$0.00

Page 1



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

DELAWARE, DO HEREBY CERTIFY "VALUE EXCHANGE SOLUTIONS,

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

TWENTY-EIGHTH DAY OF SEPTEMBER, 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 "VALUE EXCHANGE SOLUTIONS, INCORPORATED" WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2019.

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

Authentication: 204502577

Date: 09-28-22