F23000001475

(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



100402889451

00/22/20 - 0:020 -- 0:4 | #*70.75

19731 - S C C 1 4: DI

COVER LETTER

	egistration Section ivision of Corporations			
SUBJEC	T: SPEEDY HORSE INC			
		of corporation	- must include suffix	
Dear Sir o	r Madam;			
"Certificat	sed "Application by Foreign Co te of Existence," or "Certificate trenced foreign corporation to t	of Good Stane	ting" and check are sub-	
Please retu	irn all correspondence concern	ing this matter	to the following:	
STEVE EC	CKERT			
		Name of I	Person	<u>,,,</u>
ALL BUST	INESS DOCUMENTS INC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Com	pany	
30 CAMP	ST			
		Addre	\$S	· -
SAN FRAI	NCISCO CA 94110			
		City/State ar	id Zip code	
CORPSER	VICES@ALLBIZDOCS.COM			
	E-mail address	s: (to be used f	or future annual report n	otification)
For further	r information concerning this n	natter, please c	all:	
STEVE EC	CKERT	at (771 2477	
N	ame of Person	Area Code	Daytime Telepl	none 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	
Please make	s a check for the following ame e check payable to: FLORIDA D Filing Fee	EPARTMENT ng F∞ &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

,, .	orp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
SPEEDY HOR:	SE INC.		
(If name unavail	able in Florida, enter alternate corporate na	arne adopted for the purpose of transacting business	s in Florida)
DELAWARE		3	
(State or countr	y under the law of which it is incorporated	3	
09/29/2022		5	
(Date	of incorporation)	5(Date of duration, if other than perpe	:tual)
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
16192 Coastal Hi	ighway, Lewes, DE 19958		
·	(Principal	office <u>street</u> address)	
	(Current m	nailing address, if different)	
			2023
Name and street	et address of Florida registered agent:	(P.O. Box NOT acceptable)	ر ج آ
	MIN LUO		,
Name:			,
	13640 North Kendall Drive		
			-7
	Miami	, Florida 33186	
		, Florida 33186 (Zip code)	ال الله الله الله الله الله الله الله ا
fice Address:	Miami (City)	, Florida 33186 (Zip code)	10 th
fice Address: Registered agwing been nam	Miami (City) ent's acceptance: ned as registered agent and to accept s	(Zip code) rervice of process for the above stated corpora	
fice Address: Registered againg been namesignated in this	Miami (City) ent's acceptance: sed as registered agent and to accept sed application, I hereby accept the appo	(Zip code) service of process for the above stated corpora intment as registered agent and agree to act i	in this capacity.
fice Address: Registered ag aving been nam signated in this rther agree to c	Miami (City) ent's acceptance: sed as registered agent and to accept sed application, I hereby accept the appo	(Zip code) ervice of process for the above stated corpora intment as registered agent and agree to act i tes relative to the proper and complete perfore	in this capacity.
fice Address: Registered ag aving been nam signated in this rther agree to c	Miami (City) ent's acceptance: ned as registered agent and to accept s application, I hereby accept the appo	(Zip code) ervice of process for the above stated corpora intment as registered agent and agree to act i tes relative to the proper and complete perfore	in this capacity.
fice Address: Registered ag wing been nam signated in this rther agree to c	Miami (City) ent's acceptance: ned as registered agent and to accept s application, I hereby accept the appo	(Zip code) ervice of process for the above stated corpora intment as registered agent and agree to act i tes relative to the proper and complete perfore	in this capacity.

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]:

A. DIRECTORS								
☐ Chairman	MIN LUO Name:	□ Chairman	Name: QI ZHU					
□Vice Chairman	Address:	☐Vice Chairman	Address:					
Director	Miami, FL 33186	Director	Miami, FL 33186					
President		☐ President						
□Vice President		■Vice President						
☐ Secretary	☐ Treasurer	Secretary	☐ Treasurer					
Other	□ Other	□ Other	Other					
□ Chairman	Name:	□ Chairm an	Name:					
☐ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
Secretary	☐Treasurer	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					
individuals may be	Jse an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	port 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. MIN LUO, PRESIDENT								

Page 1

Delaware The First State

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

DELAMARE, DO HEREBY CERTIFY "FAH EXPRESS 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 WINTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "F6H EXPRESS INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2022.

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

Authentication: 202680004

Date: 02-09-23

7057866 8300 SR# 20230448450