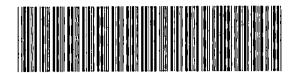
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COVER LETTER

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то:	Registration Section Division of Corporations			
SUBJ	ECT: Zeal Concept Inc.			
.,	Name	of corporation	- must include suffix	, <u></u>
Dear S	iir or Madam:			
"Certi	iclosed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Stan	ding" and check are subm	
Please	return all correspondence concern	ing this matter	to the following:	
Enc H	uang			
		Name of	Person	
-		Firm/Com	pany	
46-58	Hanford Street			
		Addro	ess	
Flushi	ng, NY 11362		•	
		City/State at	nd Zip code	',
ericwe	ixunhuang@gmail.com			
	E-mail addres	s: (to be used f	or future annual report no	tification)
For fu	rther information concerning this r	natter, please c	all:	
Eric H	Name of Person at (704 Area Code Daytime Telephone Number			
	Name of Person	Area Code	e Daytime Telepho	one Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please	sed is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	EPARTMENT 1g Fee &	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.

Alt nama unavail	able in Cleride autor alternate comparate name ad	control for the purpose of transacting business in Florida.		
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flori North Carolina 38-4097858				
(State or countr	$\frac{3}{3}$ y under the law of which it is incorporated)	(FEI number, if applicable)		
00/04/2020				
(Date	of incorporation)	(Date of duration, if other than perpetual)		
Registration dat	e			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
3540 Toringdon	Way, Suite 200, Charlotte, NC 28277			
	(Principal office	street address)		
	(Current mailing	address if different)		
	, , , , , , , , , , , , , , , , , , , ,	address, if differenty		
Name and street	et address of Florida registered agent: (P.O.)			
Name and stree	·			
Name:	et address of Florida registered agent: (P.O.)			
Name:	et address of Florida registered agent: (P.O.) Corporation Service Company 1201 Hays Street	Box NOT acceptable)		
Name:	et address of Florida registered agent: (P.O.) Corporation Service Company 1201 Hays Street	Box NOT acceptable)		
Name: Office Address: Registered aglaving been namesignated in this orther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointme.	Box NOT acceptable) Florida \(\frac{32301}{\text{(Zip code)}} \) of process for the above stated corporation at the plant as registered agent and agree to act in this capacity ative to the proper and complete performance of my d		

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

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

□ Vice Chairman /	Name: Wensi Wang 3540 Toringdon Way, Suite 200 Charlotte, NC 28277	□Chairman □ Vice Chairman	Name: Barbara Berwick 3540 Toringdon Way, Suite 200
(Address:	□Vice Chairman	3540 Toringdon Way, Suite 200
■Director			Address: 3540 Toringdon Way, Suite 200
		Director	Charlotte, NC 28277
President _		□President	
□Vice President _		□Vice President	
□Secretary	□Treasurer	■ Secretary	■ Treasurer
□Other	□Other	□Other	Other
□Chairman N	Name:	□ Chairman	Name:
□Vice Chairman /	Address;	□Vice Chairman	Address:
□Director _		Director	
□President _		□President	
□Vice President _		□Vice President	
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman N	Name:	□Chairman	Name:
□Vice Chainnan = /	Address:	□Vice Chairman	Address:
□Director _		Director	
□President _		President	
□Vice President _		□Vice President	
□ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other		□ Other	□Other
	se an attachment to report more than six (6). The a dded to the index when filing your Florida Depart		
	Signature of Directo	r 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 o 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.

, Wensi Wang, President



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ZEAL CONCEPT INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of September, 2020, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Elaine J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of February, 2023.

Secretary of State

Certification# 115423812-1 Reference# 19503844- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification