# F23000004420

|                            | ,              |              |
|----------------------------|----------------|--------------|
| (Req                       | uestor's Name  | )            |
| (Addı                      | ess)           |              |
| (Addi                      | ess)           |              |
| (City/                     | State/Zip/Phor | ne #)        |
| ☐ PICK-UP                  | ☐ WAIT         | MAIL         |
| (Busi                      | ness Entity Na | me)          |
| (Doci                      | ament Number   | )            |
| Certified Copies           | Certificate    | es of Status |
| Special Instructions to Fi | ling Officer.  |              |
|                            |                |              |
|                            |                |              |
|                            |                |              |
|                            |                |              |

Office Use Only



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07/05/23--01035--014 \*\*87.50

2023 JUL 26 PM 4: 12

W23-98417



July 18, 2023

CHE-CHENG LIN 201 4TH ST S UNIT 739 ST. PETERSBURG, FL 33701 US

SUBJECT: FACTODEV INC Ref. Number: W23000098417

We have received your document for FACTODEV INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 323A00015982

Ariel Jones Regulatory Specialist II

## **COVER LETTER**

|                                 | tration Section ion of Corporation   | ens  |   |  |
|---------------------------------|--|--|---|--|
| SUBJECT:                        | FactoDev Inc   |  |   |  |
| 00000                           |  | Name of corporation - n  | nust include suffix   |  |
| Dear Sir or M                   | adam:  |  |   |  |
| "Certificate o                  | f Existence," or "   | Foreign Corporation for Aut<br>Certificate of Good Standin<br>oration to transact business i | g" and check are submi  | Business in Florida,"<br>tted to register the                      |
| Please return                   | all correspondent  | ce concerning this matter to   | the following:  |  |
| Che-Cheng Li                    | n  |  |   |  |
|                                 |  | Name of Per  | son   |  |
| FactoDev Inc                    |  |  |   |  |
|                                 |  | Firm/Compar  | ny  |  |
| 201 4th St S U                  | nit 739  |  |   |  |
|                                 |  | Address  |   |  |
| St. Petersburg.                 | FL 33701, USA  |  |   |  |
|                                 | <del>-</del> 44  | City/State and   | Zip code  |  |
| admin@factod                    | lev.com  |  |   |  |
|                                 | E-n  | nail address: (to be used for  | future annual report not  | ification)   |
| For further in                  | formation concer   | ning this matter, please call:   |   |  |
| Che-Cheng Li                    | n  | at ( 312 ) Area Code   | 5049604   |  |
| Nam                             | e of Person  | Area Code  | Daytime Telepho   | ne Number  |
| Regis<br>Divis<br>The C<br>2415 | EET/COURIER<br>stration Section<br>ion of Corporatio<br>Centre of Tallahas<br>N. Monroe Stree<br>hassee, FL 3230 | ons<br>ssec<br>t, Suite 810  | MAILING ADI<br>Registration Sectorision of Corp<br>P.O. Box 6327<br>Tallahassee, FL | tion<br>orations   |
|                                 | ing Fee 🔲 🖇  | ORIDA DEPARTMENT OF 78.75 Filing Fee &   |   | ■ \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

| FactoDev Inc      | •  |                                      |                         |  |
|-------------------|--|--------------------------------------|-------------------------|--|
|                   | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")                                  | COMPANY," "CORPORATIO                | N,"                     |  |
| Facto Dev Inc     |  |                                      |                         |  |
| (If name unavails | able in Florida, enter alternate corporate name ado  | opted for the purpose of transaction | ng business in Florida) |  |
| 2. Illinois       | 3  | 97 - 794430                          | <                       |  |
|                   | nois  3. 42-244305 tate or country under the law of which it is incorporated)  (FEI number, if applicable) |                                      |                         |  |
| 4 03/16/2023      | 5  | 00(00)                               | _                       |  |
|                   | (Date of incorporation) (Date of duration, if c  |                                      | ther than perpetua)     |  |
| 6.                | June 15 7023   |                                      | •                       |  |
|                   | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502                                  |                                      | ity)                    |  |
| 201 4th St S Unit | 739 - St. Petersburg, FL 33701, USA  |                                      |                         |  |
| /                 | (Principal office  | street address)                      |                         |  |
| 201 4th St S Uni  | t 739 - St. Petersburg, FL 33701, USA  |                                      | ~                       |  |
|                   | (Current mailing a   | ddress, if different)                | 8ECRE                   |  |
| 8. Name and stree | et address of Florida registered agent: (P.O. I  | Box <u>NOT</u> acceptable)           | 26                      |  |
| Name:             | Che-Cheng Lin  | <del></del>                          | PA                      |  |
| Office Address:   | 201 4th St S Unit 739  |                                      | STATE                   |  |
|                   | St. Petersburg   | , Florida <u>33701</u>               | त्स् क्ष                |  |
|                   | (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.

(Paristered 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   |  |   |   |   |  |  |
|--|--|---|---|---|--|--|
| □ Chairman   | Name: Che-Cheng Lin  | □Chairman                                       | Name:                                     |   |  |  |
| □Vice Chairman   | Address:   | □Vice Chairman                                  | Address:                                  |   |  |  |
| □Director  | 201 4th St S   | □Director                                       |   |   |  |  |
| President  | Unit 739   | □President                                      |   |   |  |  |
| □Vice President  | St. Petersburg, FL 33701   | □Vice President                                 |   |   |  |  |
| ☐ Secretary  | □Treasurer   | ☐ Secretary                                     |   | □Treasurer  |  |  |
| Other  | □Other   | □Other  |   | □Other  |  |  |
| □Chairman  | Che-Cheng Lin  | □Chairman                                       | Name:                                     |   |  |  |
| □Vice Chairman   | Address:   | □Vice Chairman                                  | Address:                                  | <u></u> .   |  |  |
| □Director  | 201 4th St S   | □Director                                       |   |   |  |  |
| President  | Unit 739   | □President                                      |   |   |  |  |
| □Vice President  | St. Petersburg, FL 33701   | □Vice President                                 |   |   |  |  |
| □ Secretary  | <b>■</b> Treasurer   | ☐ Secretary                                     |   | Treasurer   |  |  |
| □Other   | Other  | Other   | <del></del>                               | □Other  |  |  |
| □ Chairman   | Name:  | □Chairman                                       | Name:                                     |   |  |  |
| □Vice Chairman   | Address:   | □Vice Chairman                                  | Address:                                  |   |  |  |
| □Director  | 201 4th St S   | □Director                                       |   |   |  |  |
| □President   | Unit 739   | □President                                      |   |   |  |  |
| □Vice President  | St. Petersburg, FL 33701   | □Vice President                                 |   |   |  |  |
| Secretary  | Treasurer  | ☐ Secretary                                     |   | □Treasurer  |  |  |
| □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.  12.     Signature of Director or Officer |  |   |   |   |  |  |
| The officer or direct she is aware that fars.817.155, F.S.   | ctor signing this document (and who is listed in number alse information submitted in a document to the Department to th | 11 above) affirms the<br>nent of State constitu | at the facts stated<br>tes a third degree | herein are true and that he or<br>felony as provided for in |  |  |

## File Number

7417-799-9



# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

## Department of Business Services. I certify that

FACTODEV INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 2023, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of JULY A.D. 2023 .

Authentication #: 2320203794 verifiable until 07/21/2024

Authenticate at: https://www.ilsos.gov

Alexi Dianavil

SECRETARY OF STATE