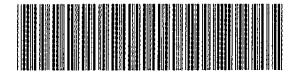
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COVER LETTER

	istration Section ision of Corporations			
SUBJECT	STARLINE COACH INC.			
SOBJECT	Name	of corporation - n	nust include suffix	e T
Dear Sir or	Madam:			ر: رو
"Certificate	d "Application by Foreign Coof Existence," or "Certificate enced foreign corporation to the control of the corporation to the c	e of Good Standin	g" and check are submitted	siness in Florida," d to register the
Please retur	n all correspondence concern	ing this matter to	the following:	
DUN HO PU				٠.
		Name of Per	son	•
MUI AND A	ASSOCIATES			
		Firm/Compa	ny	
7 СНАТНА	M SQUARE ROOM 403			
		Address		
NEW YOR	K, NY 10038			
		City/State and	Zip code	u .•
SECURE@	MUIANDASSOCIATES.COM			
	E-mail addre	ss: (to be used for	future annual report notifi	cation)
For further	information concerning this	matter, please cal	l:	
DUN HO P	UN	at () 925-9400 Daytime Telephone Number :	
N:	ame of Person	Area Code	Daytime Telephone	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 mak	is a check for the following a check payable to: FLORIDA Filing Fee S78.75 Fi	DEPARTMENT O	OF STATE \$78.75 Filing Fee & C 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.

	CH INC.	TED," "COMPANY," "CORPORATION,	,,		
(Enter name of co "Inc.," "Co.," "Co	poration; must include TNCORPORA p," "Inc," "Co," or "Corp.")	TIED, COMPART, COMPOSITION,			
(If name unavailal	ole in Florida, enter alternate corporate	name adopted for the purpose of transacting	business in Florida)		
NEW YORK		3. 82-1846723 (FEI number, if app	/		
(State or country	under the law of which it is incorporat				
06/07/2017 5.		5	(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)		
		in Elevide if prior to registration)			
	(SEE SECTIONS 607.1501 &	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability	y) 🕹		
5 CANAL STRE	ET NEW YORK, NY 10002		.,**		
	(Princi	pal office street address)			
	(Curren	t mailing address, if different)			
	·				
Name and street	t address of Florida registered agen		9		
Name and stree	·				
Name:	t address of Florida registered agen		7023		
Name:	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR.	at: (P.O. Box <u>NOT</u> acceptable)	2023 DEC		
Name:	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR.		2023 DEC 21		
Name:	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR. ORLANDO (City)	ri: (P.O. Box <u>NOT</u> acceptable) , Florida 32808(Zip code)	2023 DEC 21 AP		
Name: Tice Address: Registered ag	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR. ORLANDO (City) ent's acceptance:	Florida 32808 (Zip code)	2023 DEC 21 Main and the		
Name: Tice Address: Registered ag aving been nan	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR. ORLANDO (City) ent's acceptance: led as registered agent and to acceptance.	, Florida 32808 (Zip code) pt service of process for the above states			
Name: ffice Address: Registered ag faving been nan esignated in this	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR. ORLANDO (City) ent's acceptance: the das registered agent and to accept an application, I hereby accept the agent with the provisions of all st	nt: (P.O. Box NOT acceptable) , Florida 32808 (Zip code) pt service of process for the above states ppointment as registered agent and agratutes relative to the proper and comple			
Name: ffice Address: Registered ag laving been nan esignated in this	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR. ORLANDO (City) ent's acceptance: led as registered agent and to acceptance.	nt: (P.O. Box NOT acceptable) , Florida 32808 (Zip code) pt service of process for the above states ppointment as registered agent and agratutes relative to the proper and comple			
Name: ffice Address: Registered ag laving been nan esignated in this orther agree to condition	t address of Florida registered agen FEN CHANG CHEN 5215 W COLONIAL DR. ORLANDO (City) ent's acceptance: the das registered agent and to accept an application, I hereby accept the agent with the provisions of all st	nt: (P.O. Box NOT acceptable) , Florida 32808 (Zip code) pt service of process for the above states ppointment as registered agent and agratutes relative to the proper and comple			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this app the Department of State, by the Secretary of State or other official having custody of corporate records in the junder 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	TEN CHANG CHEN	□ Chairman	Name:	
Chairman	95 CANAL STREET Address:			
	NEW YORK, NY 10002	Director		~
Director		□President		
President		□Vice President		
		Secretary		☐ Treasurer
□ Secretary	Treasurer	·		Other
Other	Other	Other		
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		Ur'
□President		President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary		☐ Treasurer
[]Other		Other		Other
-				٠,
☐ Chainman	Name:	□Chairman	Name:	7,
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
		□Vice President	<u> </u>	
Secretary	□Treasurer	Secretary		Treasurer
Other	□Other	Other		Other
لايدودك والمساماتين أمينا	Use an attachment to report more than six (6). The att be idded to the index when filing your Florida Department	ient of State Annual	Report form.	
12	Signature of Director	or Officer		
	rector signing this document (and who is listed in numb false information submitted in a document to the Depa	per 11 above) affirms riment of State const	that the facts sta itutes a third deg	ted herein are true an
	(Typed or printed name and capacity of per	son signing applicati	on)	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: STARLINE COACH INC.

DOS ID Number: 5149935

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/07/2017

Statement Status: CURRENT Statement Due Date: 06/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 15, 2023 at 05:19 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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