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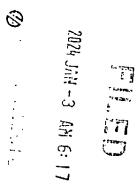
(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	: #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
		 -
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: JUNYU BEV	'ERAGE INC		
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,"	by Foreign Corporation for or "Certificate of Good Stan orporation to transact busine	ding" and check are subt	
Please return all correspon- JINGSONG ZHOU	dence concerning this matter	to the following:	
	Name of	Person	
JINGSONG, P.C.			
•	Firm/Con	ıpany	
3500 DULUTH PARK LN. S	STE 500		
	Addre	ess	
DULUTH, GA 30096			
	City/State a	nd Zip code	
cpa@jingsongpc.com			
	E-mail address: (to be used	for future annual report n	otification)
For further information con	neerning this matter, please o	call:	
JINGSONG ZHOU	77() at (814-9112	
Name of Person	Area Cod	e Daytime Teleph	one Number
STREET/COURI Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3.	on rations ahassee treet, Suite 810	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
· · ·	: FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified 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.

	orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"
mc., co., co	огр." "Inc." "Co." or "Согр.")	
(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida
ALABAMA		
(State or country	wunder the law of which it is incorporated)	(FEI number, if applicable)
10/16/2020	5.	(Date of duration, if other than perpetual)
		(Date of duration, if other than perpetual)
THE FILING D.		
	(Date first transacted business in	Florida, if prior to registration) 602, F.S., to determine penalty liability)
6601 N DAVIS H		
	WY #21, PENSACOLA, FL 32504 (Principal office)	ce street address)
27/7 Mo	ntgomera Hwa Ste 10. (Current mailin	Dothan A1 3/303
	312 70.	20 CHM . VZ. 302).
	Current mailin	g address, if different)
	(Current mainn	g address, if different)
	t address of Florida registered agent: (P.C	
Name and stree	t address of Florida registered agent: (P.C SHUAIMING GONG). Box <u>NOT</u> acceptable)
	t address of Florida registered agent: (P.C SHUAIMING GONG). Box <u>NOT</u> acceptable)
Name and stree Name:	t address of Florida registered agent: (P.C SHUAIMING GONG). Box <u>NOT</u> acceptable)
Name and stree Name:	t address of Florida registered agent: (P.C SHUAIMING GONG). Box <u>NOT</u> acceptable)
Name and <u>stree</u> Name:	t address of Florida registered agent: (P.C SHUAIMING GONG). Box <u>NOT</u> acceptable)
Name and stree Name: ffice Address:	t address of Florida registered agent: (P.C. SHUAIMING GONG 6601 N DAVIS HWY #21 PENSACOLA (City)	Position of the second
Name and stree Name: ffice Address: Registered age aving been name	t address of Florida registered agent: (P.C. SHUAIMING GONG 6601 N DAVIS HWY #21 PENSACOLA (City) ent's acceptance: ed as registered agent and to accept service	Position (Special Process for the above stated corporation at the content of the
Name and stree Name: ffice Address: Registered age faving been namesignated in this	t address of Florida registered agent: (P.C. SHUAIMING GONG 6601 N DAVIS HWY #21 PENSACOLA (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	Florida 32504 ZAX Zapace of process for the above stated corporation at the nent as registered agent and agree to act in this cap
Name and stree Name: Office Address: Registered age laving been name esignated in this urther agree to co	t address of Florida registered agent: (P.C. SHUAIMING GONG 6601 N DAVIS HWY #21 PENSACOLA (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	. Florida 32504 (Zip code) . Florida (Zip code) . Elevation and the complete performance of elative to the proper and complete performance of
Name and stree Name: Office Address: Registered age laving been name esignated in this urther agree to co	t address of Florida registered agent: (P.C. SHUAIMING GONG 6601 N DAVIS HWY #21 PENSACOLA (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes rewith and accept the obligations of my positions.	. Florida 32504 (Zip code) . Florida (Zip code) . Elevation and the complete performance of elative to the proper and complete performance of
Name and stree Name: Office Address: Registered age Javing been name esignated in this arther agree to co	t address of Florida registered agent: (P.C. SHUAIMING GONG 6601 N DAVIS HWY #21 PENSACOLA (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes re	. Florida 32504 (Zip code) . Florida (Zip code) . Elevation and the complete performance of elative to the proper and complete performance of

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 SHUAIMING GONG Name: " □ Chairman □Chairman Name: 6601 N DAVIS HWY #21 ☐ Vice Chairman Address: \ □Vice Chairman Address: PENSACOLA, FL 32504 □Director □Director President □President ☐ Vice President ☐ Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Cither _____ □ Chairman □ Chairman Name: Name: ______ □ Vice Chairman Address: _____ □ Vice Chairman Address: _____ □ Director □Director □President □President ☐ Vice President □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □Other _____ □Other_____ □Other _____ □Other _____ □ Chairman □Chairman Name: _____ □Vice Chairman Address. □ Vice Chairman Address: _____ □ Director □Director □President □President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □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 director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

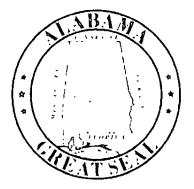
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that JUNYU BEVERAGE INC was formed in Alabama on October 16, 2020. The Alabama Entity Identification number for this entity is 000-748-124. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20231219000020042

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/19/2023

Date

Wes Allen

Secretary of State