

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
E Ride Pro inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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.*

1. E Ride Pro inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/28/2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7901 4th St N STE 300 St. Petersburg, FL 33702
(Principal office street address)
- 7901 4th St N STE 300 St. Petersburg, FL 33702
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

APPROVED
AND
FILED
2024 NOV -1 PM 12:52
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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.

David Roberts

(Registered 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.

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 Name: Wenlia Jin

☐Vice Chairman Address: 7901 4th St N STE 300

☒Director St. Petersburg FL 33702

☒President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: Sylvia Hu

☐Vice Chairman Address: 7901 4th St N STE 300

☒Director St. Petersburg FL 33702

☐President _____

☐Vice President _____

☒Secretary ☒Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐Secretary ☐Treasurer

☐Other _____ ☐Other _____

☐Chairman Name: _____

☐Vice Chairman Address: _____

☐Director _____

☐President _____

☐Vice President _____

☐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. Wenlia Jin _____
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.

13 Wenlia Jin - DP _____
(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: E RIDE PRO INC.
Entity No.: 5839417
Registration Date: 07/28/2023
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 31, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 261978332

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.