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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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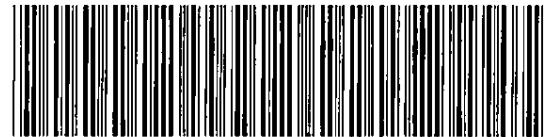
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOXX DEVELOPMENT INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anna Rosca

Name of Person

Lance J.M. Steinhart, P.C.

Firm/Company

1725 Windward Concourse, Suite 150

Address

Alpharetta, GA 30005

City/State and Zip code

info@telecomcounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Rosca	at (	770	)	232-9200
Name 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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FL SOS Corp



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2024

ANNA ROSCA  
1725 WINDWARD CONCOURSE STE 150  
ALPHARETTA, GA 30005

SUBJECT: FOXX DEVELOPMENT INC.  
Ref. Number: W24000157857

We have received your document for FOXX DEVELOPMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 424A00025970

**RECEIVED**

**DEC 11 2024**

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. FOXX DEVELOPMENT 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. Delaware 3. 38-4034445  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 13, 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. 15375 Barranca Pkwy, Suite C-106, Irvine, CA 92618  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Incorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee , Florida 32312  
(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.*

X 

Melanie Galero on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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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.

FL SOS Corp

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

#### A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Haitao Cui</u>
<input type="checkbox"/> Vice Chairman	Address: <u>15375 Barranca Pkwy, Suite C-106</u>
<input checked="" type="checkbox"/> Director	<u>Irvine, CA 92618</u>
<input checked="" type="checkbox"/> President	<u></u>
<input type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

<input type="checkbox"/> Chairman	Name: <u>Joy Hua</u>
<input type="checkbox"/> Vice Chairman	Address: <u>15375 Barranca Pkwy, Suite C-106</u>
<input checked="" type="checkbox"/> Director	<u>Irvine, CA 92618</u>
<input type="checkbox"/> President	
<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: Junzi Yuan
<input type="checkbox"/> Vice Chairman	Address: 15375 Barranca Pkwy, Suite C-106
<input checked="" type="checkbox"/> Director	Irvine, CA 92618
<input type="checkbox"/> President	
<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/>	Chairman	Name: _____
<input type="checkbox"/>	Vice Chairman	Address: _____
<input type="checkbox"/>	Director	_____
<input type="checkbox"/>	President	_____
<input type="checkbox"/>	Vice President	_____
<input type="checkbox"/>	Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/>	Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

X 12. Haplocos

**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. Haitao Cui CEO

(Typed or printed name and capacity of person signing application)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOXX DEVELOPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOXX DEVELOPMENT INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2620449 8300

SR# 20243872023

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



Jeffrey W. Bullock, Secretary of State

Authentication: 204560687

Date: 10-04-24