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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
(20 Jan	35
Wau -i	16763	

Office Use Only



08/13/24--01037--001 **70.00



M. SOLOMON JAN - 3 2025



COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	KINGLYCAN TECHA	IOLOGY INC.				
0000			nust include suffix			
Dear S	Sir or Madam:					
"Certi	ficate of Existence," or "Certifica	te of Good Standin	g" and check are sub-	et Business in Flori mitted to register th	da," he	
Please	return all correspondence concer	ning this matter to	the following:	,	2(
CHR	Division of Corporations SIECT: KINGLYCAN TECHNOLOGY INC. Name of corporation - must include suffix Sir or Madam: enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," tificate of Existence," or "Certificate of Good Standing" and check are submitted to register the ereferenced foreign corporation to transact business in Florida. Sir return all correspondence concerning this matter to the following: Name of Person Firm/Company Turnstone Ct Address City/State and Zip code Stine@belovape.com E-mail address: (to be used for future annual report notification) Author information concerning this matter, please call:					
		Name of Per	son) i	AN -3	
7268	Turnstone Ct	Firm/Compar	ny	7. c ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	AH II:	
Fonta	ina, CA 92336	Address			50	
christ		•	•	otification)		
For fu	rther information concerning this	matter, please call:				
Christine Zhang		at (626				
	Name of Person	Area Code	Daytime Telephone Number			
	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8		Registration Se Division of Co P.O. Box 6327	ection rporations		
Please	make check payable to: FLORIDA I 0.00 Filing Fee	DEPARTMENT OF ing Fee &	78.75 Filing Fee &	Certificate o	f Status o	&:



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.

2. Delaware (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) Registered Agents Inc	
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9305 Burge Ave, Richmond, VA 23237 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9305 Burge Ave, Richmond, VA 23237 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9305 Burge Ave, Richmond, VA 23237 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc.	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Registered Agents Inc	
	Freda N ton S
ffice Address: 7901 4th St N STE 300 St. Petersburg 33702	; ;
St. Petersburg , Florida 33702	
(City) (Zip code)	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the Sesignated in this application, I hereby accept the appointment as registered agent and agree to act in this ca further agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	pacit
David Coerts	

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 Name: Bin Xu \Box Chairman □ Chairman Name: 9305 Burge Ave, Richmond, VA 20 Address: □Vice Chairman □Vice Chairman Address: ☐ □Director **☑**Director ☑ President President □Vice President □ Vice President ☐ Treasurer □ Secretary □Treasurer □ Secretary ☐Other _____ □Other _____ □Other_____ Ru Xu Name: □ Chairman Name: □ Chairman 9305 Burge Ave. Richmond, VA 23 □Vice Chairman Address: □ Vice Chairman Address: _____ ☑Director □ Director □President □President ☐ Vice President □ Vice President □ Treasure ... ☐Treasurer □ Secretary □ Secretary □Other _____ □Other _____ □Other ___ □ Chairman □ Chairman Name; _______ Name: ____ □Vice Chairman Address: □ Vice Chairman Address: ______ □Director □ Director □ President ☐President □Vice President □Vice President __ ☐ Treasurer **□**Secretary □ Treasurer □ Secretary □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. 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.

Ru Xu, Director

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "KINGLYCAN TECHNOLOGY INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SIXTH DAY OF APRIL, A.D. 2022, AT 2:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.



Authentication: 205093503

Date: 12-12-24



August 19, 2024

CHRISTINE ZHANG 7268 TURNSTONE CT FONTANA, CA 92336 US

SUBJECT: KINGLYCAN TECHNOLOGY INC

Ref. Number: W24000116763

We have received your document for KINGLYCAN TECHNOLOGY INC and check(s) totaling \$70.00. 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.

Ariel Jones Regulatory Specialist II

RECEIVED

Letter Number: 624A00018400

JAN - 3 2025