# F25000001568

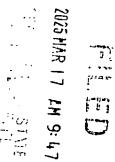
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W250000 20566

Office Use Only



500443720555

02/04/25--01033--013 \*\*78.75



M. SOLOMON MAR 1 9 2025



### **COVER LETTER**

Réjection ref. # W25000020566

Payment was made with

(K #1169 (\$78.75)

TO:	Registration Section	(K #16	٩		
	Division of Corporations				
SUBJ	ECT: MIMAP INC.				
	Name of corporation	ı - must include suffix			
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corporation for icate of Existence," or "Certificate of Good Stan referenced foreign corporation to transact busine	iding" and check are submitted to register the			
Please	return all correspondence concerning this matter	r to the following:			
BIN Q	U, CPA				
	Name of	Person			
BQ AC	COCUNTING CPA, PC	26			
	Firm/Con	npany			
3808 L	INION ST. STE 8B	npany 25	•		
	Addr		4 E		
er ra			7.5		
11.031	HNG, NY 11354				
	City/State a	and Zip code			
BQU@	BQCPAS.COM		_		
	E-mail address: (to be used	for future annual report notification)			
For fu	rther information concerning this matter, please	call:			
	_				
BIN Q	U, CPA at (	718-886-2776			
	Name of Person Area Coc				
	STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section			
	Registration Section Division of Corporations	Division of Corporations			
	The Centre of Tallahassee	P.O. Box 6327			
	2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314			
	Tallahassee, FL 32303				
Please	<u> </u>	■ \$78.75 Filing Fee & □ \$87.50 Filing Fee.	. 0		
	Certificate of Status	Certified Copy Certificate of Status	, ŏ		

RECEIVED

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; orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	N."		
МІМАР.СОМ І					
DELAWARE	ble in Florida, enter alternate corporate name	adopted for the purpose of transactin 99-0992871	ig business ii	n Florid	a)
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
₹.	of incorporation) 5.	(Date of duration, if other than perpetual)			
, 1614 WOODWA	(SEE SECTIONS 607.1501 & 607.1. RD ST, STE 104, ORLANDO, FL 32803  (Principal off	ice street address)		202	
	(Current mailin	ng address. if different)	<u>.</u>	2025 MAR	
8. Name and <u>stree</u> Name:  Office Address:	t address of Florida registered agent: (P.C MINGSHENG FAN 1614 WOODWARD ST. STE 104	O. Box <u>NOT</u> acceptable)		17 AH 9:47	THE PLAN TO SERVICE
	ORLANDO	Florida 32803			
	(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.

(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.

A. DIRECTORS	<i>:</i>							
Chairman	Name: MINGSHENG FAN	□ Chairman	Name:					
□Vice Chairman	Address:1614 WOODWARD ST, STE 104	□Vice Chairman	Address:					
Director	ORLANDO, FL 32803	□Director						
President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary		□Treasurer				
Other	Other	□Other		□Other				
□ Chairman	Name:	□Chairman	Name:	<u>.</u>				
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President		2025				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer5				
Other	□ Other	Other		□Other □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□				
				9				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□ Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President		<del></del>				
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer				
□Other	Other	□Other		□Other				
individuals may be	Use an attachment to report more than six (6). The a added to the index when filing your Florida Depart	tment of State Annual R	ed for reporting eport form.	purposes only. Non-indexed				
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 of 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.  MINGSHENG FAN, CEO								

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





Page 1

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

DELAWARE, DO HEREBY CERTIFY "MIMAP 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 THIRTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MIMAP INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2024.

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



Authentication: 202680475

Date: 01-13-25



February 17, 2025

BIN QU, CPA 3808 UNION ST, STE 8B FLUSHING, NY 11354 US

SUBJECT: MIMAP INC.

Ref. Number: W25000020566

We have received your document for MIMAP 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Letter Number: 425A00003440

Corey Pettway
Regulatory Specialist II