# m10000000615

| (Req                       | uestor's Name               | )                                |
|----------------------------|-----------------------------|----------------------------------|
| (Add                       | ress)                       |                                  |
| (Add                       | ress)                       |                                  |
| (City/                     | State/Zip/Phor              | ne #)                            |
| PICK-UP                    | ☐ WAIT                      | MAIL                             |
|                            | ness Entity Na              |                                  |
| Certified Copies           | ument Number<br>Certificate | s of Status                      |
| Special Instructions to Fi | ling Officer:               |                                  |
|                            | . #                         | 1. LUNT<br>FEB -8 2010<br>AMINER |

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FISTATE

#### **COVER LETTER**

|                   | ACMILE                                 | GIOR                          | BAL INVESTMENT, LLC   |   |
|-------------------|--|-------------------------------|---|---|
| SUBJECT:          | MAINTE                                 |                               | Name of Limited Liability Company   |   |
|                   |  | 197                           | value of Lutified Clabifity Company   |   |
|                   |  |                               | iability Company for Authorization to Transact Business in Florida," Certife above referenced foreign limited liability company to transact business in |   |
| Please return all | correspondence con                     | cerning this n                | matter to the following:  |   |
|                   | (                                      | SHENG                         | Guo   |   |
|                   |  | <b>.</b>                      | Name of Person  |   |
|                   |  |                               |   |   |
|                   |  |                               | Firm/Company  |   |
|                   | 8035 SW                                | 107th                         | AVE. APT. 209 Address   |   |
|                   |  |                               |   |   |
|                   | MIAMI                                  | FL                            | 33 173 City/State and Zip Code  |   |
|                   |  |                               | City/State and Zip Code   | * |
|                   | ASMILE                                 | Guo@                          | GMAIL. COM  |   |
|                   | E-1                                    | nail address:                 | : (to be used for future annual report notification)  |   |
| For further infor | rmation concerning th                  | is matter, ple                | ease call:  |   |
|                   | SHENG                                  | Guo                           | at ( 224 ) 392 - 7592   |   |
| <del></del>       | Name of F                              | Person                        | Area Code & Daytime Telephone Number  |   |
|                   | ING ADDRESS:<br>on of Corporations     |                               | STREET ADDRESS: Division of Corporations  |   |
| Registr           | ation Section                          |                               | Registration Section  |   |
|                   | ox 6327<br>assee, FL 32314             | ,                             | Clifton Building 2661 Executive Center Circle   |   |
| -                 | ······································ |                               | Tallahassee, FL 32301   |   |
| Enclosed is a     | check for the foll                     | owing amo                     | ount:   |   |
|                   |  |                               | , `   |   |
| \$123             | 5.00 Filing Fee 🔽                      | \$130.00 Filis<br>Certificate |   |   |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|              |               |              |                       |                        |                         |                            | THE FOLL<br>TATE OF FLO          |                   | G IS SU               | JBMITTEL     | TO REGI     | ISTER A        | FOREIGN      |
|--------------|---------------|--------------|-----------------------|------------------------|-------------------------|----------------------------|----------------------------------|-------------------|-----------------------|--------------|-------------|----------------|--------------|
|              |               |              |                       |                        |                         |                            |                                  |                   |                       |              |             |                |              |
| 1            | (Name o       | of Foreign   | Limited L             | iability C             | ompany; n               | nust includ                | T , L<br>e "Limited Li           | ability           | Compa                 | ıny," "L.L   | C.," or "L  | LC.")          |              |
|              |               |              |                       |                        |                         |                            |                                  |                   | •                     | •            | ·           | ŕ              |              |
|              |               |              |                       |                        |                         |                            | of transacting                   |                   |                       |              |             |                |              |
| Com          | ipany," "L.   | L.C,""LI     | LC.")                 | _                      | •                       | _                          | ate name. The                    |                   |                       |              |             | пиео гла       | ibility      |
| 2.           | The law       | ns of -      | the Sta               | te of                  | Delan                   | ime 3.                     |                                  |                   |                       |              |             |                |              |
|              |               |              |                       |                        |                         |                            |                                  |                   |                       |              |             |                | _            |
| 1            | Dec           | ember        | 17、2                  | 709                    |                         | 5                          | (Duration:                       | etua              | l                     |              |             |                |              |
| 4            | 700           | (Date o      | f Organizat           | ion)                   |                         | 5.                         | (Duration:<br>exist or "pe       | Year I            | imited l              | liability co | ompany wil  | Il cease t     | <u>o</u>     |
| 6.           |               |              |                       |                        |                         |                            |                                  |                   |                       |              | Ās          | 20             |              |
|              |               |              | (Date fi<br>(See sect | rst transa<br>ons 608. | cted busin<br>501 & 608 | ess in Flor<br>.502 F.S. t | da, if prior to<br>o determine p | registr<br>enalty | ration.)<br>liability | /)           | E CR        | O FEB          | and a first  |
| 7            | 803           | 5 Sh         | 1 107th               | AVE                    | APT.                    | 209                        | MIAM                             | Ι,                | FL                    | 33173        | HASS        | -i-            |              |
|              |               |              |                       |                        |                         | ·                          |                                  |                   |                       |              | E P         | -D             | Ш            |
| -            |               |              |                       |                        | (Street                 | Address of                 | Principal Off                    | fice)             |                       |              |             | ₽ <del>H</del> | O            |
| 8. I         | f limited     | liability    | company               | is a ma                | ınager-m                | anaged c                   | ompany, ch                       | eck h             | ere 🗀                 | 7            | RIE         | 09             |              |
|              |               |              |                       |                        |                         |                            |                                  |                   | ļ                     |              | ,-          |                |              |
|              |               |              |                       |                        |                         | _                          | ging membe                       |                   | _                     | -            |             |                |              |
|              | Sheng         | Guo,         | 8035                  | SW                     | 10 th 1                 | AVE.                       | APT. 209,                        | , <i>N</i>        | 11AM                  | I, FI        | 331         | }              |              |
|              | ٧             |              |                       |                        |                         |                            |                                  |                   |                       |              |             |                | ,            |
| •            |               |              |                       |                        |                         |                            |                                  |                   |                       |              |             |                | <del>_</del> |
| -            |               |              |                       |                        |                         |                            |                                  |                   |                       |              | <del></del> |                | <del>_</del> |
| 10. <i>A</i> | Attached is a | an original  | certificate o         | f existenc             | e, no more              | than 90 day                | ys old, duly au                  | thentic           | ated by               | the official | having cu   | stody of r     | ecords in    |
| theju        | unisdiction u | ınder the la | aw of which           | nitis organ            | nized. (Ap              | ohotocopy i                | s not acceptabl                  |                   |                       |              |             |                |              |
|              | lation of the |              |                       |                        |                         |                            | ,                                |                   |                       | , 1          | / 1         | 1 .            |              |
| 11.          | Nature of     | f busine     | ss or purp            | oses to                | be condi                | icted or p                 | promoted in                      | Flori             | da: 🔟                 | Any lo       | WW          | busine         | <i>M</i> 5   |
|              | under         | the          | laws a                | f the                  | State                   | of F                       | promoted in<br>Lorida            |                   |                       | O.           | J           |                |              |
|              |               | •            |                       | SI                     | 7                       | 6                          |                                  |                   |                       |              |             |                |              |
|              |               |              | Signatu               | e of a n               | mber o                  | r an auth                  | orized repre                     | esenta            | tive o                | f a mem      | ber.        |                |              |
|              |               |              | (In accorda           | ince with s            | section 608.            | 408(3), F.S.               | , the execution that the facts s | of this           | docume                | nt constitut |             |                |              |
|              |               |              | un unimid             | _                      | v G                     |                            | Time are facts 5                 | mucu II           | cieni ait             | . пис. ј     |             |                |              |
|              |               |              | ·····                 |                        |                         | <del></del>                | ame of sign                      | nee               |                       |              |             |                |              |

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:                                   |  |             |
|--|--|-------------|
| ASMILE GLOBAL INVESTMENT, LLC  |  |             |
| If unavailable, the alternate to be used in the state of Florida is:               |  | <del></del> |
| 2. The name and the Florida street address of the registered agent and office are: | SECRETARY OF STATE TALLAHASSEE, FLORID |             |
| SHENG GUO  | -5 -<br>SSEE                           |             |
| (Name)   | F 51                                   | ED          |
| 8035 SW 107th AVE. APT. 209  | PH 4: 09<br>Of STATE<br>E, FLORIDA     |             |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   |  |             |
| MIAMI/ FL/33173 FL City/State/Zip  | _                                      |             |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

| \$ 1 | 100.00 | Filing Fee for Application       |
|------|--------|----------------------------------|
| \$   | 25.00  | Designation of Registered Agent  |
| \$   | 30.00  | Certified Copy (optional)        |
| \$   | 5.00   | Certificate of Status (optional) |

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ASMILE GLOBAL INVESTMENT, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JANUARY, A.D.
2010.

4766445 8300

100047270

AUTHENTY CATION: 7772033

DATE: 01-22-10

You may verify this certificate online at corp.delaware.gov/authver.shtml