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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO.	: 12000000195
REFERENCE	: 8 46295 7935675
AUTHORIZATION	Jenson Senson
COST LIMIT	\$ 155.00
ORDER DATE : October 3, 2017	
ORDER TIME : 10:13 AM	
ORDER NO. : 846295-005	
CUSTOMER NO: 7935675	
FOREIGN F	FILINGS
NAME: GO MIAMI, LLC	T OCT T
XXXX QUALIFICATION (TYPE: <u>LI</u>	
PLEASE RETURN THE FOLLOWING AS	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	'ANDING
CONTACT PERSON: Melissa Zender	EXAMINER:

N COMPLEMENT TRANSACT BEA	TKON (VIS.OM)2, FT ORIDA STATUTES THE SINESS IN THE STATE OF PLORIDA				
Go Miami, L.L.C. (Name of Foleign i	Limited Liability Company, must include "Lim	ntish Leability Compan	." "L.L.C." or "LLC	`)	
ell name unavsilable, unter alternate na	anie adopted for the purpose of manacting business th	Horita The atternate name	e mast include "Lumed !	sability Company, ""TL L C," or "LLC")	
Dalaware	uch forcien lumited liability company is organized)	7 -		unber, if applicable)	
4 Upon filing	One has been ted business in Florida it true	: In Fig: Arration)			
	(Date first transacted butteress in Florida, it pro- (See tections 605 0901 & 605 0905, E.S. to det	ermine penaity liability) 64.00.71	'sû Siroe: Suite 3	03 A	
5. 6000 Faft Street, Suite	Proceed Office		6. 6000 Taft Street, State 303 A (Nathing Address)		
Hollywood, FL 33024		Hollyv	700d, FL 33024		
	 				
Name: (Office Address)	ss of Florida registered agent: (P.O. I Rich Sun 6600 Taft Street, Suite 303A				
			33034		
	Hollywood (Cay)		, Florida <u>33024</u> @ ₄		
designated in this applice to comply with the provis and accept the obligation	ptance: egistered agent and to accept service ation. I hereby accept the appointment vious of all statutes frequency to the pri as of my position as repistered opens. By:	of process for the nt at registered as per and complete con surrenue) to has/have author	above stated lim ent and agree to performance of	ited liability company at the place act in this capacity. I further agreemy duties, and I am familiar with	
Having been named as r designated in this applicate comply with the provisand accept the obligation 8. The name, title or cap	ptance: egistered agent and to accept service ation. I hereby accept the appointment ions of all statutes frequence to the pri- ms of my position as registered open. By: (Fermed a pacity and address of the person(s) wi	of process for the nt at registered as per and complete con surrenue) to has/have author	above stated limitent and agree to performance of	ited liability company at the place act in this capacity. I further agree my duties, and I am familiar with	

10. This document is executed in accordance with section 605 (2003) (b). Ffor Ida Statutes. I am aware that any false information submitted in a document to the Department of State constitution of the Department of State constitution of State

Rich Sun

Signature of an auth

Typed or printed nement signer

Exhibit A
Go Miami, L.L.C. - Managers

Name	Address
Rich Sun	6600 Taft street, Suite 303A Hollywood, FL 33024
Yuanrenrang Song	6600 Taft street, Suite 303A Hollywood, FL 33024
Qingsong Zhang	6600 Taft street, Suite 303A Hollywood, FL 33024
Mei Kwan Fan	6600 Taft street, Suite 303A Hollywood, FL 33024
Qing Liu	6600 Taft street, Suite 303A Hollywood, FL 33024

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GO MIAMI, L.L.C." 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 THIRD DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GO MIAMI, L.L.C." WAS FORMED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 203332937

Date: 10-03-17

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