8/19/2021

1

Division of Corporations

M21000010917

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000312593 3)))

H21000312593 3BC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
2021 AUG 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
EA HBI GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Menu Help

8/20/21

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SA HBI GP, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name is unavailable, an alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-2174586
(FEI number, if applicable)

4. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ONE PENN PLAZA, SUITE 2508
(Street Address of Principal Office)
NEW YORK, N.Y., 10119

6. ONE PENN PLAZA, SUITE 2508
(Mailing Address)
NEW YORK, N.Y., 10119

FILED
2021 AUG 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

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

Name: MURRAY B. SILVERSTEIN, ESQ

Office Address: 401 E. JACKSON STREET, SUITE 3650

TAMPA (City), Florida 33602 (Zip code)

Registered agent's acceptance:
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 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: ANDY G. ZHONG	☐Manager	Name: SIJIA WU
☐Member	Address: One Penn Plaza, Ste 2508	■Member	Address: One Penn Plaza, Ste 2508
☐Authorized Person	NEW YORK, N.Y., 10119	☐Authorized Person	NEW YORK, N.Y., 10119
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name: JUNLIN LU	☐Manager	Name: XIAODONG LIU
■Member	Address: One Penn Plaza, Ste 2508	■Member	Address: One Penn Plaza, Ste 2508
☐Authorized Person	NEW YORK, N.Y., 10119	☐Authorized Person	NEW YORK, N.Y., 10119
☐Other_____	☐Other_____	☐Other_____	☐Other_____
☐Manager	Name: QIANG FU	☐Manager	Name: MENGCHENG ZHANG
■Member	Address: One Penn Plaza, Ste 2508	■Member	Address: One Penn Plaza, Ste 2508
☐Authorized Person	NEW YORK, N.Y., 10119	☐Authorized Person	NEW YORK, N.Y., 10119
☐Other_____	☐Other_____	☐Other_____	☐Other_____

FILED
2021 AUG 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

ANDY G. ZHONG

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EA HBI GP, 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 TWENTIETH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EA HBI GP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

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

FILED
2021 AUG 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

Jeffrey W. Bullock, Secretary of State

6123079 8300

SR# 20213036552

Authentication: 203970513

Date: 08-20-21

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