

M220000018983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12.15.22--51020--021 ++125.00

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. ACE ENGLISH LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter 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. MONGOLIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0582944
(FEI number, if applicable)

4. NOT YET
(Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 1002 Zaluu mongol center,
(Street Address of Principal Office)

6. 550 Teleran St.
(Mailing Address)

Chingis Ave,
Ulaanbaatar, Mongolia

Pensacola, Florida
32534

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

Name: NARANTUNGALAG JIGDEN

Office Address: 550 Teleran St.

Pensacola, Florida 32534
(City) (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.

Hapan myintanar
(Registered agent's signature)

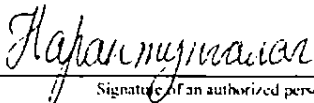
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>NARANTUNGALAG JIGDEN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>550 Teleran St.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Pensacola, FL</u>	<input type="checkbox"/> Authorized Person	_____
	<u>32534</u>		_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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
NARANTUNGALAG JIGDEN

Typed or printed name of signer

FLORIDA NOTARY ACKNOWLEDGEMENT

(INDIVIDUAL)

STATE OF FLORIDA

COUNTY OF Escambia

Reference for State Registration of legal Entity

The foregoing instrument was acknowledged before me by means of physical presence

online notarization, this 5th day of OCTOBER, 2022 by NARANJUNGALAG

(Name of Person Acknowledging)

FL DL J235420305870

Jigden

(Seal)

Signed beside Executive Management information

Briana Bodiford

Signature of Notary Public

BRIANA BODIFORD

Print, Type or Stamp Name of Notary



BRIANA BODIFORD
Commission # HH 189717
Expires January 23, 2026
Bonded Thru Budget Notary Services

Personally Known

OR Produced Identification

Type of Identification Produced FLDL



Implementing Agency of the Government of Mongolia
GENERAL AUTHORITY FOR STATE REGISTRATION
STATE REGISTRATION REFERENCE OF LEGAL ENTITY

September 06, 2022

Number 22900002003500

Ulaanbaatar

REFERENCE FOR STATE REGISTRATION OF LEGAL ENTITY

Registration No. 5747279

Legal entity's name: ACE English

General Information

Type	Name of entity	Date of state registration				State registration number	Legal entity type	Legal entity status	Legal entity's property type	Number of founding members	Treasury stock	Business period	
		Resolution No	Date of resolution	Date	Officer							From	To
Common	State Registration department of legal entity, General Authority for State Registration	1852	Sep 12, 2013	Sep 12, 2013	Tsengel.Sh	9011419133	Profit	LIC	Private	1			

Establishment

Establishing document	Resolution name	Resolution number	Date of Article	Date of contract
Article	Resolution	01	Sep 11, 2013	

Address information

Status	Location													Registered by	
	Province or city	Soum & district	Bagh & khoroо	Type of address	Sub district /town	Street	Building	Door /Suite	P.O.B	Phone number	Fax	E-mail	Officer	Date	
Yes	Ulaanbaatar	Bayangol	15 th khoroо	Building Sub district	Sub district 3	Enebish	24	43		910008557			Tsengel.Sh	Sep 12, 2013	

Shareholder and member's information

Status	Category	Shareholder				Common shares				Preferred shares				Registration	
		Registration ID No	Surname	Given name	Nationality	Quantity	Unit price	Total price	Percent	Quantity	Unit price	Total price	Percent	Officer	Date
Active	Citizen	ShZ80030768	Jigden	Narantungalag	Mongolia	0	1,000.00	100.00	100.00					Tsengel.Sh	Sep 12, 2013

Executive Management's information

Status	Executive Management					Registration	
	Surname	Given name	Registration ID No	Nationality	Occupation	Officer	Date
Yes	Jigden	Narantungalag	ShZ80030768	Mongolia	Director	Tsengel.Sh	Sep 12, 2013

Founder's information

Category	Executive Management				Registration	
	Registration ID No	Surname	Given name	Nationality	Officer	Date
Citizen	ShZ80030768	Jigden	Narantungalag	Mongolia	Tsengel.Sh	Sep 12, 2013

Final owner's information

No	Status	Category	Final owner				Invested capital		Registration		Amended by	
			Registration ID No	Given name	Surname	Nationality	Total	Percent %	Officer	Date	Officer	Date
1	Active	Citizen	ShZ80030768	Narantungalag	Jigden	Mongolia	1,000,000.00	100.00	TEG	December 30, 2020		

Business fields

Status	Business fields			License		Officer	Date	Officer	Date
	Code	Description	Authority name	Date of issue	Number				
Yes	5549	Foreign language temporary training +/-				Tsengel.Sh	Sep 12, 2013		

Property information

Status	Share capital /thousand tugrugs/	Treasury stock/thousand tugrugs/	Registration	
			Officer	Date
Yes	1,000.00	0.00	Tsengel.Sh	Sep 12, 2013

Information of Legal entity's name

Current or not	Legal entity			State registration No	Officer	Date
	Name	Status	Registration			
Yes	ACE English	Limited Liability Company		9011419133	Tsengel.Sh	Sep 11, 2013

State Registrar
 (job title, stamp)

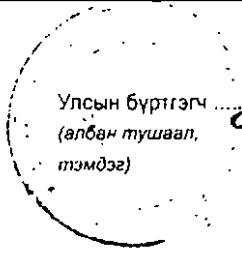
Sealed & signed by State Registrar
 (job title, stamp)

Translated and verified by the Translation Bureau "BRILLIANT"
 CP-193/01

Бүтээгдэхүүн № 5520

Хуулийн этгээдийн нэрийн мэдээлэл

Одоогийн эсэх	Хуулийн этгээдийн			Бүртгэсэн	
	Нэр	Хэлбэр	Хувийн хэргийн дугаар	Ажилтан	Он, сар, өдөр
Тийм	ЭИС ингпиш	Хязгаарлагдмал хариуцлагатай компани	9011419133	Ч.Батдэлгэр	2013.09.11



Улсын бүртгэгч
(албан тушаал,
тэмдэг)

Н.Энхцэцэг /
(гарын үсэг) (гарын үсгийн тэйлэл)

UB-2

Approved according to the decree by the Mongolian Government, numbered 20 of 2004



MONGOLIA STATE REGISTRATION CERTIFICATE

000065307

Date of registration: September 12, 2013

State registration No. 9011419133

Registry No. 5747279

ACE ENGLISH

Limited Liability Company

/Name of legal entity and its status/

Statute

/Establishment document/

Decree

/resolution/

01

/number/

September 11, 2013

/Date/

8549

/Code/

Foreign language temporary training

/Main fields of activities/

/Code/

/Accompanying fields of activities/

Perpetual

/validity/

1

/number of member/

1,000.0

/registered capital in thousand MNT/

Address: Room#43, 24, enebish street, micro district 3, Khoroo 15, Bayangol district, Ulaanbaatar city

Tel: 91999857

Tel:

Fax:

Registered address of the legal entity/

/Stamp & Signature/

**General Authority for State Registration
Registration Department**

/issuing & registration authority/



МОНГОЛ УЛСЫН БҮРТГЭЛИЙН ГЭРЧИЛГЭЭ
2013 оны 09 сарын 13 өдөр болон өөр байсан



МОНГОЛ УЛС УЛСЫН БҮРТГЭЛИЙН ГЭРЧИЛГЭЭ

2013.09.13

№ 000065307

9011419133

/Бүртгэлийн гэрчилгээний өдөр/

/Улсын бүртгэлийн бүтэц/

5747279

/Эдгээрхэн бүтэц/

ОНС нэгж

Хялгавар агдвалт харуулагатай компани

/Хуулийн этгээдийн нэр, харуулагын өдөр/

Дүрэм

/Урсан байдлуудын багцны бичиг/

Шийдвэр

/Шийдвэрийн өдөр/

01

/Дугаар/

2013.09.11

/Энгийн өдөр/

МОН
УЛС

Гадаад харилцааны үйлчилгээний газар

/Урсан байдлуудын багцны бичиг/



/Бүтэц өөрчлөх үйл ажиллагааны үндсэн/

1

1,000.00

/Хуулийн этгээдийн нэр/

/Эрсийн гэрээний үндсэн үндсэн үндсэн/

Хороо, 3-р хороолол, өрнөгийн гудамж 24-43 тоот, Утас: 61998057 Утас: 61998057
Факс

/Хуулийн этгээдийн өдөр өдөр/

2013.09.08
 Бүртгэлийн гэрчилгээний өдөр Бүртгэлийн № 7606
 Нийслэлийн тэйргийн газар
 Ш.Бүтэцний багцны хуульчдын
 үнэг хэргийг гэрчлэв
 Ч.Орхон

Улсын бүртгэлийн ерөнхий газрын Бүртгэлийн газар
/Бүртгэлийн байгууллагын нэр/