Fla00000000015

(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:				
W14-5723				

Office Use Only



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January 27, 2016

MEICHI PENG 460 HARRISON AVE, UNIT A6 BOSTON, MA 02118

SUBJECT: PENG, INC.

Ref. Number: W16000005723

We have received your document for PENG, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A00001764

COVER LETTER

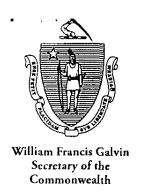
TO:	Registration Section Division of Corpo				
	PENG, Inc.				
SUBJ	JECT:	NI			
		Name of 6	corporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi		or "Certificate of	f Good Stand	Authorization to Transac ling" and check are subr s in Florida.	
	e return all correspor i Peng	dence concerning	this matter	to the following:	
PENG	, Inc.		Name of P	erson	70 20 mg
460 H	arrison Ave, UNIT A6		Firm/Comp	pany	AAR CO
Bostor	n, MA02118		Addres	ss	A D
NP@N	Meichipeng.com	(City/State an	d Zip code	5 t
		E-mail address: (to be used fo	or future annual report ne	otification)
For fu	orther information co	ncerning this matt	ter, please ca	all:	
Nancy	Panza	at	617 (521-8660	
	Name of Person		Area Code	Daytime Teleph	one Number
	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 3	on rations enter Circle		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclo	sed is a check for the	e following amour	nt:		
= \$7	0.00 Filing Fee	3 \$78.75 Filing F Certificate of S		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of corporation; must include "INC "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	CORPORATED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate Massachusetts	corporate name adopted for the purpose of transacting business in Florida) 271804659
(State or country under the law of which it is January 22,2010	
(Date of incorporation)	(Date of duration, if other than perpetual)
(Date first trans (SEE SECTIONS 60 460 Harrison Ave, #A6, Boston, MA 02118	sacted business in Florida, if prior to registration)
	(Principal office address)
Name and street address of Florida register Name: Meichi Peng	유럽 후 하는 주
ffice Address: 14490=F-ex-	SCO Rock , Florida 33414 (Zip code)
signated in this application, I hereby acce rther agree to comply with the provisions	to accept service of process for the above stated corporation at the planer the appointment as registered agent and agree to act in this capacity of all statutes relative to the proper and complete performance of my be obligations of my position as registered agent.
. Madella 0	(Registered agent's signature)

under the law of which it is incorporated.

11. Names and business addresses of officers	and/or directors:			
A. DIRECTORS				
Meichi Peng Chairman:				
460 Harrison Ave, #A6, Boston, MA 02 Address:	118			
Vice Chairman				
(
Address:				
Director:				
Address:				
Director:				
Address:				
B. OFFICERS	AHA FEB			
Meichi Peng President:				
460 Harrison Ave, #A6, Boston, MA 02 Address:				
	84 5 C			
Vice President:				
Addunas				
Audiess.	<u> </u>			
Security				
Secretary:				
Address:				
Treasurer:				
Address:				
	ndum to the application listing additional officers and/or directors.			
12. VIGA XDISSI	gnature 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 or 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.				
Meichi Peng, Owner				
(Typed or printed nan	ne and capacity of person signing application)			



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

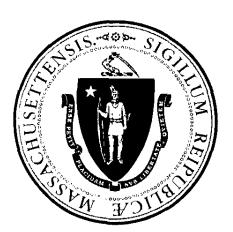
Date: January 06, 2016

To Whom It May Concern:

I hereby certify that according to the records of this office,

PENG, INC.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Francis Galecin

Certificate Number: 16017159350

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: nmc