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(((H230001107103)))



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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MELSON MULLINS RILEY & SCARBOROUGH ELP OF BOCA RATION

Account Number : 076376001555 Phone : (803)255-9617 : (561)483-7321 Fax Number

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

Email Address: steven.ni@encmobile.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Megatel Netcom Corporation

Certificate of Status	0
Certified Copy	l l
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S. ROBERTS

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Megater Netcom Corporation				
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp." "Inc.," "Corp." or "Corp.")				
	(If name unavailable in Florida, enter alternate	corporate name adop	nted for the purpose of fransacting business.	ness in Florida)	
2	California	3			
-	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4.	2/13/2009	5			
٠.	(Date of incorporation)		(Date of duration, if other than pe	rpetual)	
6					
٠,,	(Date first tran		rida, it prior to registration)		
	(SEE SECTIONS 60	17.1501 & 607.1502,	F.S., to determine penalty liability)		
7.	11100 Valley Blvd., Suite 202, El Mo				
		(Principal office <u>s</u>	treet address)	25	
		(Current mailing ad	ldress, if different)	.ა	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)				. :	
	Name: Paracorp Incorporated	3		Ċ	
			_	-	
()	ffice Address: 155 Office Plaza Driv	e,1st +100r	_		
	Tallahassee		Florida32301		
	(City)		(Zin code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS				
Chairman	Name Yonghui Liu	⊒Chairman	Name: Xiang	yang Luo
□ Vice Chairman	Address: 11100 Valley Blvd., Suite 202 El Monte, CA 91731	□Vice Chairman	Address. 11100	Valley Blvd., Suite 202 ite, CA 91731
 Director		□Director		me, CA 91731
□ President		∑ President		
□Vice President		□Vice President		
□ Secretary	∑ Treasurer	□ Secretary	5	Treasurer
L Other		□Other		Other
Chairman	Name: Fay Chen	□Chairman	Name:	
□Vice Chairman		□Vice Charman	Address:	
Director	El Monte, CA 91731	□Director		
□President		□President		·
□Vice President		☐Vice President		
x Secretary	□T:easmer	□ Secretary		Treasurer
□Other	□Other	□Other		Other
☐Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		∐Director		
[]President		□President		
□Vice Presiden:		⊂Vice President		
ElSecretary	□Treasurer	□ Secretary	G	Treasurer
Other	Other	COther		Other
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or	it of State Annual Re	port form.	
·	Signature of Director or	Officer		
The officer or direction is aware that fa \$.817.155, F.S.	stor signing this document (and who is listed in number lise information submitted in a document to the Department in the OVO	il above) affirms the nent of State constitu	it the facts stated her es a third degree fel	rein are true and that he or only as provided for in
13. 1 ongm	(Typed or printed name and capacity of person	n signing application		

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: MEGATEL NETCOM CORPORATION

Entity No.: 3139542 **Registration Date:** 02/13/2009

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of March 23, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 093988642

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline,sos.ca.gov.