

5/10/22, 8:41 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****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
XCMG America Financial LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$ 25.00

2022 MAY 11 AM 9:30

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

K. SALY

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. XCMG America Financial LLC

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

2. Delaware

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

3. _____

(FEL number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0601 & 605.0605, F.S. to determine penalty liability)

3235 Satellite Blvd

5. _____
(Street Address of Principal Office)

Bldg 400, Suite 300

Duluth, GA 30096

3235 Satellite Blvd

6. _____
(Mailing Address)

Bldg 400, Suite 300

Duluth, GA 30096

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

Name: Vcorp Services, LLC

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(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.

[Signature]
(Registered agent's signature)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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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:**

☒ Manager Name: Lijun Liu

☐ Member Address: 3235 Satellite Blvd

☐ Authorized Bldg 400, Suite 300

Person Duluth, GA 30096

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Mingfeng Feng

☐ Member Address: 3235 Satellite Blvd

☐ Authorized Bldg 400, Suite 300

Person Duluth, GA 30096

☐ Other _____ ☐ Other _____

☒ Manager Name: Quan Liu

☐ Member Address: 3235 Satellite Blvd

☐ Authorized Bldg 400, Suite 300

Person Duluth, GA 30096

☐ Other _____ ☐ Other _____

☒ Manager Name: Jian Kang

☐ Member Address: 3235 Satellite Blvd

☐ Authorized Bldg 400, Suite 300

Person Duluth, GA 30096

☐ Other _____ ☐ Other _____

☒ Manager Name: Gengzong Qiu

☐ Member Address: 3235 Satellite Blvd

☐ Authorized Bldg 400, Suite 300

Person Duluth, GA 30096

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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 605.203 (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.

Gengzong Qiu

Signature of an authorized person

Gengzong Qiu

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XCMG AMERICA FINANCIAL 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 FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XCMG AMERICA FINANCIAL LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2021.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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

Authentication: 203345054

Date: 05-04-22