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1	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

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ONVISION OF COMMON UP 02

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJ	ECT:	PRINCE	ETEL. INC		
		Name of	corporation	ı - must include suffix	
Dear S	Sir or Madam:				
"Сені	ficate of Existence		Good Star	Authorization to Transact Inding" and check are submits in Florida.	
Please	return all correspo	ondence concerning	this matte	r to the following:	
				Huang	
			Name of		
			Prince	rtel. Inc.	
			Firm/Con	ipany	
		25	60 E. State	: St. Ext.	
			Addr	ess	
_		ŀ	lamilton, N	U 08619	
		(City/State a	ınd Zip code	
		lin	ghuang@p	orincetel.com	
		E-mail address: (to be used	for future annual report not	fication)
For fu	ther information c	concerning this matt	er, please c	call:	
	Ling Huang	at	(609	588-8801 x19	5
	Name of Person		Area Cod	e Daytime Telephor	ne Number
	Registration Sec Division of Corp The Centre of Ta	oorations allahassee Street, Suite 810		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Fl.	ion orations
Please		to: FLORIDA DEP. \$78.75 Filing F Certificate of S	ARTMENT	•	≅ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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.

TAILET HAIRE OF CO.	rporation; must include "INCO	RPORATED," "	COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	rp." "Inc." "Co." or "Corp.")			
(If name unavaila	ble in Florida, enter alternate co	orporate name ado	opted for the purpose of transacting busin	ness in Florida)
STATE	OF NEW JERSEY	3	223758755	
(State or country	under the law of which it is in	corporated)	(FEI number, if applicable	e)
			Perpetual (Date of duration, if other than per	
(Date	of incorporation)		(Date of duration, if other than per	rpetual)
	None			
			orida, if prior to registration) , F.S., to determine penalty liability)	
	2560 E	. State St. Ext. F	lamilton, NJ 08619	
		(Principal office	street address)	
	(Current mailing a	ddress, if different)	
	address of Florida registere Marcos Paulino	_		
Name:	address of Florida registere	d agent: (P.O. F		24 MA
Name:	address of Florida registere Marcos Paulino	d agent: (P.O. F	Box <u>NOT</u> acceptable) 	24 MAY 28
Name:	address of Florida registere Marcos Paulino 3945 Tollhouse Drive, S	d agent: (P.O. F		24 MAY 28 P
Name: ffice Address:	address of Florida registere Marcos Paulino 3945 Tollhouse Drive, S Naples (City)	d agent: (P.O. F	Box <u>NOT</u> acceptable) 	圣
Name: ffice Address: Registered age	address of Florida registere Marcos Paulino 3945 Tollhouse Drive, S Naples (City) nt's acceptance:	d agent: (P.O. F	Box <u>NOT</u> acceptable) 	圣云
Name: ffice Address: Registered age faving been name esignated in this a orther agree to co	address of Florida registere Marcos Paulino 3945 Tollhouse Drive, S Naples (City) nt's acceptance: ad as registered agent and to application, I hereby accept mply with the provisions of	d agent: (P.O. Fouite No. 906) accept service of the appointment all statutes relations.	Box NOT acceptable) Florida34114 (Zip code) of process for the above stated corport as registered agent and agree to active to the proper and complete perfe	oration at the place of in this capacity
Name: ffice Address: Registered age faving been name esignated in this a orther agree to co	address of Florida registere Marcos Paulino 3945 Tollhouse Drive, S Naples (City) nt's acceptance: ad as registered agent and to application, I hereby accept	d agent: (P.O. Fouite No. 906) accept service of the appointment all statutes relations.	Box NOT acceptable) Florida34114 (Zip code) of process for the above stated corport as registered agent and agree to active to the proper and complete perfe	oration at the place of in this capacity
Name: ffice Address: Registered age faving been name esignated in this a orther agree to co	address of Florida registere Marcos Paulino 3945 Tollhouse Drive, S Naples (City) nt's acceptance: ad as registered agent and to application, I hereby accept mply with the provisions of	d agent: (P.O. Fouite No. 906) accept service of the appointment all statutes relations.	Box NOT acceptable) Florida34114 (Zip code) of process for the above stated corport as registered agent and agree to active to the proper and complete perfe	oration at the place of in this capacity

10. Attached is a certificate of existence dely 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.

A. DIRECTORS Name: BARRY ZHANG □Chairman □ Chairman Name: □ Vice Chairman Address: <u>2560 E. STATE ST. EXT.</u> □Vice Chairman Address: HAMILTON, NJ 08619 □ Director □ Director □ President □President □Vice President __ □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer SOther CEO □Other____ Other □Other _____ Name: ____ JOSEPH RITACCO Name: _____ □ Chairman □Chairman □ Vice Chairman Address: 2560 E. STATE ST. EXT □ Vice Chairman Address: ____ HAMILTON, NJ 08619 □ Director □ Director □President □President □Vice President _____ □Vice President □ Secretary ☐ Treasurer □ Secretary □ Freasurer ☑Other CHIEF OPERATION OFFICER □Other □ □Other _____ □Other _____ ☐ Chairman □Chairman Name: Name: □Vice Chairman Address: □Vice Chairman Address: ____ □ Director □Director □President □President □Vice President _____ □ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □Other _____ □ 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. Signature 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.

JOSEPH RITACCO, CHIEF OPERATION OFFICER

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

PRINCETEL, INC. 0100830546

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 03, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are;

BOYING BARRY ZHANG 2560 E. STATE ST. EAT. HAMILTON, NJ 08619-3318

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on July 19, 2023.

CHIEF EXEC. OFFICER (CEO) BARRY ZHANG

2560 E. STATE ST. EXT.

HAMILTON, NJ 08619-3318

CHIEF OPERATION OFFICER

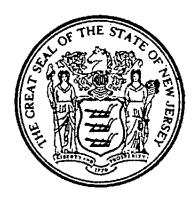
JOSEPH RITACCO

33 CHURCH STREET

NUTLEY, NJ 07110

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

PRINCETEL, INC. 0100830546



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of May, 2024

Elizabeth Maher Muoio State Treasurer

Slup of Mun

Certificate Number : 6153655137

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp