F220000002879

(Requ	uestor's Name)	
(Address)		
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busii	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





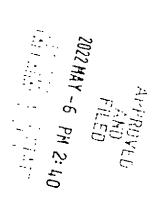
700387226287

05/09/22--01001---003 **70.00

TALLAHASSEE, FLORIDA

RECEIVED

WAY 0.9 SOLS



CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALKIN
	PICK U	UP: 5/6 DANNY
XX	CERTIFIED COPY CUS	
XX	K FILING	INC
1.	AVANT FUNDING INC. (CORPORATE NAME AND DOCUMEN	ENT #)
2.	(CORPORATE NAME AND DOCUMEN	ENT #)
3.	(CORPORATE NAME AND DOCUMEN	ENT #)
4.	(CORPORATE NAME AND DOCUMEN	ENT #)
5.	(CORPORATE NAME AND DOCUMEN	NT #)
6.	(CORPORATE NAME AND DOCUMEN	ENT #)
SPECIA INSTR	AL UCTIONS:	

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT: AVANT	FUNDING INC.			
		Name of corp	oration - mu	st include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existen	ation by Foreign Corporatice," or "Certificate of Googn corporation to transact	od Standing"	and check are sub	nct Business in Florida," omitted to register the
Please	return all corres	pondence concerning this	matter to the	following:	
Jie Hu					
		Na	me of Perso	n	
Avant	Funding Inc.				
		Fin	m/Company		
75 Exe	cutive Dr # 123				
			Address		
Aurora	, IL 60504				
		City/	State and Zip	code	
jhu@av	antfunding.com				
		E-mail address: (to be	used for fut	ure annual report i	notification)
For fur	ther information	concerning this matter, p	lease call:		
		2			
		at ()		
	Name of Perso	on Are	a Code	Daytime Telep	hone Number
	STREET/CO	URIER ADDRESS:		MAILING A	
	Division of Co			Registration Section Division of Corporations	
	The Centre of			P.O. Box 6327	
	2415 N. Monro Tallahassee, Fl	be Street, Suite 810 L 32303		Tallahassee, F	FL 32314
Please n	nake check payab	the following amount:	MENT OF S	ГАТЕ	
	.00 Filing Fee	☐ \$78.75 Filing Fee &	z 🗆 \$78.	75 Filing Fee &	□ \$87.50 Filing Fee,
		Certificate of Statu	s Cert	ified Copy	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.

L. AVANT FUND	DING INC.			
(Enter name of c	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	۷,"	
(If name unavail	able in Florida, enter alternate corporate name ad	dopted for the purpose of transacting	g business in Florida)	
2. Illinios				
March 30, 2007	_	(FEI number, if ap		
(Date	of incorporation) 5	(Date of duration, if other t	than perpetual)	
6				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ty)	
7. 75 EXECUTIVE	DR STE 123 AURORA IL 60504			
	(Principal office	e <u>street</u> address)		
	(Current mailing	address, if different)	DZZ MAY	
8 Name and stree	et address of Florida registered agent: (P.O.	Roy NOT acceptable)		}
Name:	Registered Agent Solutions, Inc.		-6 P	
Office Address:	155 Office Plaza Dr. Suite A		FR 2:) E
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posit	nt as registered agent and agre ative to the proper and complet	e to act in this capac	itv. I
_	Hockenzie Ht	ackenzie Hart, Asst. Secretary	<u> </u>	
	(Registered agent's sign	nature)		

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.

A. DIRECTORS			
□ Chairman	Name:	□ Chairman	Name:
. □Vice Chairman	Address:	□Vice Chairman	Address:
■Director	AURORA IL 60504	□Dir e ctor	
President		□President	
□Vice President		□ Vice President	
■ Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
☐ Chairman	Name:	□ Chairman	Nome
	-		Name:
	Address:		Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
Important Notice: Uindividuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department	nment will be imaged t of State Annual Re	for reporting purposes only. Non-indexed port form.
12.		<u></u>	
	Signature of Director or		
The officer or direct she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number ise information submitted in a document to the Department	il above) affirms the cent of State constitut	at the facts stated herein are true and that he or tes a third degree felony as provided for in
13. Jie Hu, Presi	dent		



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AVANT FUNDING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 30, 2007, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH

day of

MAY

A.D.

2022

Authentication #: 2212601828 verifiable until 05/06/2023

Authenticate at: http://www.ilsos.gov

sse White

SECRETARY OF STATE