213000110749

| (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: | | | | | |
| | | | | | |
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Office Use Only



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COVER LETTER

TO:

| TO: | Registratio | n Section Corporations | | | | | |
|----------|--------------------------------|---|---|------|--|--|--|
| SUBJ | FCT· | Double Coin I | International, LLC | | | | |
| 3010 | | Name of Limited I. | | | | | |
| The er | iclosed Article | s of Organization and fee(s) are sub | mitted for filing. | | | | |
| Please | return all corr | espondence concerning this matter to | o the following: | | | | |
| | | | Wei Qian | | | | |
| | | | me of Person | | | | |
| | Double Coin International, LLC | | | | | | |
| | Firm/Company | | | | | | |
| | 5030 Fairhaven Ln. | | | | | | |
| | Address | | | | | | |
| | Naples, FL 34109 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | | qianjw(E-mail address: (to be used for fi | @hotmail.com | | | | |
| East Co. | | | · | • | | | |
| roriu | tner information | on concerning this matter, please cal | 11: Actor | 204 | | | |
| | | n Wei Qian | | AUG | | | |
| | Nar | ne of Person | Area Code & Daytime Telephone Number | 5 | | | |
| Enclo | sed is a check | for the following amount: | | ± ΓΓ | | | |
| \$125.00 |) Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) | _ | | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam The name of the Liv | i e: nited Liability Compa | any ie | |
|---|--|--|---|
| THE HAIRE OF THE LIF | inica Elabinity Compa | arry is. | |
| | Double Coin I | nternational, LLC | |
| | | ed Liability Company, "L.L.C.," or "LLC.") | |
| ()vius | scend with the words 17mm | ta blading Company. E.B.C., of BBC.) | |
| ARTICLE II - Ado | | | |
| The mailing address | s and street address of | the principal office of the Limited Li | ability Company is: |
| Principal Office A | ddress: | Mailing Address: | |
| 5030 Fairhaven Ln. | | 5030 Fairhaven L | .n. |
| Naples, FL 34109 | | Naples, FL 3410 | 9 |
| | | | |
| | | | ~ . |
| ARTICLE III - Re The Limited Liability Cor | gistered Agent, Regi | istered Office, & Registered Agent's range Registered Agent. You must designate an indiv | s Signature: |
| business entity with an ac | etive Florida registration.) | | |
| The name and the F | lorida street address o | of the registered agent are: | |
| | | n Wei Qian | i proces |
| 5030 Fairhaven Ln., | | · | 25 SEE 0 25 |
| | | | |
| | | • | AHII: 50 |
| | | reet address (P.O. Box NOT acceptable) | S 6 |
| | Naples, | _{FL} 34109 | |
| | (| City, State, and Zip | |
| liability compan registered agent an statutes relating to | y at the place designar d agree to act in this c o the proper and comp | and to accept service of process for the ted in this certificate, I hereby accept th apacity. I further agree to comply with plete performance of my duties, and I ar as registered agent as provided for in C | he appointment as h the provisions of all m familiar with and |
| | 7 | ma_ | |
| | Registered Agent's | s Signature (REQUIRED) | |
| | | | |
| | | | |

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member **MGRM** Jian Wei Qian 5030 Fairhaven Ln. Naples, FL 34109 MGRM Qing Hua Mao 5030 Fairhaven Ln. Naples, FL 34109 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein arctime. 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.)

Jian Wei Qian

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)