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FEB 2 8 2014 D. BRUCE

COVER LETTER

Division of Corporations	
SUBJECT: Name of Limite	HAI CHUAN , LLC and Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matte	er to the following:
Hai Long	Name of Person
HAICHUAN	Firm/Company
9556 Apalac	
Tallahassee City, 404209460@99.	Florida 32311 State and Zip Code
40420 9400 (00 99.) E-mail address: (to be used for	com or future annual report notification)
For further information concerning this matter, please	call:
HALLONG LIN at (8	rea Code P33 - 5677 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HAI CHUAN,	110

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
9556 Apalachee Pkwy Follahassee FL, 32311	SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Plorida street address (P.O. Box NOT acceptable)

Tallahassee, Fl. 32311

City Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Hai Long Lin Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 FEB 28 AM II: 27

MGR	
	HALLONG LIN 9556 Apalachee Pkwy Tallahassee FI 32311
Use attachment if necessary) V: Effective date, if other than the date of filintive date is listed, the date must be specific a filing.) VI: Other provisions, if any.	ng: (OPTIONAL) and cannot be more than five business days prior to or 9
REQUIRED SIGNATURE:	# Haileng Lin.
(In accordance with section 605.0203 constitutes an affirmation under the p	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document benalties of perjury that the facts stated herein are true. It is submitted in a document to the Department of State

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)

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