L23000554331

(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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12/14/23--01017--014 **160.00

T-J.H 12/19/23

COVER LETTER 🔩

TO: New Filing Section Division of Corporations	
SUBJECT: SUN YEAH	TRADING LLC
Name of Limit	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Riong U	Jarg
	Name of Person
11	. C
	Firm/Company
524 Spring	Leap cir.
, ,	Address
Winter Gard	en FL 34/8/
giong Wang 0401 @	9 mail. Com or future annual report notification)
	·
For further information concerning this matter, please of	call:
Riong Wang at (+	+1 3218304000
Name of Person Are	ca Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
New Filing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

SUNYEAH TRADING LLC

(Must contain 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:

524 Spring Leap Cir 524 Spring Leap Cir
Winter Garden FL, 34/87 Winter Garden FL, 34/8

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:

Name

S24 Spring Leap Cir

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

Winter Garden FL. 34787

City State 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 DEC 14 PN 12: 51

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
11 00 40	Diago hama
Manager	KIONS NOW
•	524 Spring Leap cir, winter Good
	pc, 34/8/
(Use attachment if necessary)	0 - 4
EV: Effective date, if other than the	date of filing: DEC . (0, 2023. (OPTIONAL)
EV: Effective date, if other than the fective date is listed, the date must b	date of filing: DEC . (0, 2023. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
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LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does ament's effective date on the Department's effective date on the Department's Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is expected.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be nent of State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (12.2)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-