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COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ons					
SUBJECT:	WYSER PARTNE	ERS, LLC					
Name of Limited Liability Company							
The enclosed Existence, ar	d "Application by Fo	oreign Limited Liability Com ed to register the above refer	npany for Authoriz renced foreign lim	ation to Tr ited liabilit	ansact Business in Florida, ty company to transact busi	" Certificate of ness in Florida	
Please return	all correspondence	concerning this matter to the	e following:				
	YOUMING X	CIAO					
	Name of Person						
	WYSER PARTNERS, LLC						
	Firm/Company				- 6 F.		
	3 PENNOCK DRIVE					TO MAY -2 PH 3: 46	
	Address						
	GARNET VALLEY, PA 19060						
	City/State and Zip Code						
	YOUMING_XI	AO@HOTMAIL.COM					
		E-mail address: (to be use	d for future annua	l report no	tification)	-	
For further in	nformation concernit	ng this matter, please call:					
YOUMING XIAO		610 at (766-13	85			
	Name	of Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	check for the follow 125.00 Filing Fee	ving amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, C of Status & Certified Co		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: WYSER PARTNERS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2 DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3 PENNOCK DRIVE, GARNET VALLEY, PA 19060 (Street Address of Principal Office) 6. 3 PENNOCK DRIVE, GARNET VALLEY, PA 19060 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PHILIP DOYLE Name: 2909 GRAFTON DRIVE Office Address: KISSIMMEE , Florida 34741 Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: YOUMING XIAO, PRESIDENT 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

YOUMING XIAO

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WYSER PARTNERS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTEENTH DAY OF APRIL, A.D. 2016.

SECRETARY OF STATE TALLAHASSEE, FLUT DA



Authentication: 202138309

Date: 04-13-16

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