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(Re	questor's Name)				
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Registration Section

TO:

Divi	sion of Corporation	S				
SUBJECT:	YUE YE QIAO DE					
		Name of L	imited Liability Company			
				nsact Business in Florida," Certificate of company to transact business in Florida		
Please return	all correspondence c	oncerning this matter to the	following:			
	Jing Liu					
	Name of Person					
	One Step Professional Services LLC					
	Firm/Company					
	2146B S Arche	r Ave				
			Address			
	Chicago, IL 606	516				
		City/St	ate and Zip Code			
	annaliu.mariacpa	@gmail.com				
		E-mail address: (to be used	for future annual report not	ification)		
For further in	formation concerning	g this matter, please call:				
Anı	na Liu		312 631-32 at ()	16		
	Name o	f Contact Person	Area Code Day	time Telephone Number		
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314		Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

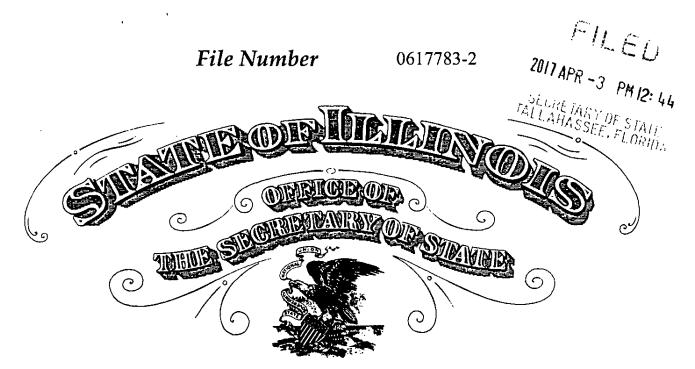
. APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

•	NG LLC eign Limited Liability Company; must	t include "Limited L	iability Company," "L.L.C.," or "	LLC.")
				•
Liability Company," "L.L.C,	Itemate name adopted for the purpose "or "LLC.")	-		must include "Limited
2. Illinois		3. 32-0521100		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if prior 0905, F.S. to determ	to registration.) ine penalty liability)	
332 S MICHIGAN AV				- 3
CHICAGO, IL 60604				
·	(Street Address of P	'rincipal Office)	:	石山 书
SAME				意力で
				2011 APR -3 PM 12: WA
	(Mailing A	Address)		79 2
7. Name and street addres	ss of Florida registered agent: (P.0	O. Box NOT acce	entable)	9.5
Name:	Registered Agents Inc.	5. 55% <u>1.5. </u>	P.1.0.12 ,	
Office Address:	3030 N. Rocky Point Dr. STE 1	.50A		
Office Address.	Tampa		— 33607	
	(City)		, Florida 33607 (Zip code)	
	egistered agent and to accept serv ition. I hereby accept the appoint	ment as registered	l agent and agree to act in this	capacity. I further agre
o complywith the provisi	ons of all statutes relative to the pmy position as registered agent.	-	ete performance of my duties, sst. Secretary	and I am familiar with a
o complywith the provisi	ons of all statutes relative to the pmy position as registered agent.	-	sst. Secretary	and I am familiar with a
to complywith the provision complywith the provision of the control of the contro	ons of all statutes relative to the pmy position as registered agent.	Bill HavreA	sst. Secretary	and I am familiar with a
to complywith the provision complywith the provision of the configurations of the configuration of the configurati	ons of all statutes relative to the pmy position as registered agent. (Register acity and address of the person(s)	Bill HavreA	sst. Secretary	and I am familiar with a
to complywith the provisions of the obligations of the obligations of the same, title or captage of the same of th	ons of all statutes relative to the pmy position as registered agent. (Register acity and address of the person(s)	Bill HavreA	sst. Secretary	and I am familiar with a
to complywith the provision accept the obligations of a secret the obligations of a secret the name, title or capa YE YUE MEMBER 2146B S ARCHER AVE CHICAGO, IL 60616-15	(Register acity and address of the person(s) 14 26 of existence, no more than 90 day of which it is organized. (If the center acity and address)	Bill HavreA	e) nority to manage is/are: nticated by the official having ceign language, a translation of	ustody of records in the
8. The name, title or capa YE YUE MEMBER 2146B S ARCHER AVE CHICAGO, IL 60616-15 D. Attached is a certificate urisdiction under the law	(Register acity and address of the person(s) 14 2 of existence, no more than 90 day of which it is organized. (If the ceubmitted)	Bill HavreA cred agent's signatur who has/have auth ys old, duly authen ertificate is in a for	nesst. Secretary nority to manage is/are: nticated by the official having ceign language, a translation of	ustody of records in the

Typed or printed name of signee

YE YUE



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

YUE YE QIAO DE LING LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 11, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 28TH day of MARCH A.D. 2017.

Authentication #: 1708701896 verifiable until 03/28/2018
Authenticate at: http://www.cyberdriveillinois.com

ese white

SECRETARY OF STATE