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(Requ	uestor's Name)	<u> </u>			
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COVER LETTER

	, gistration Section vision of Corporation	s			,		
SUBJECT:	SPZ UNITED LLC						
SUBJECT			Limited Liability (Company			
					insact Business in Florida," Certi company to transact business in		
Please return	all correspondence co	oncerning this matter to the	following:				
	Jing Liu						
		Na	ame of Person				
	One Step Professional Services LLC						
		Fi	rm/Company				
	2146B S Archer Ave						
			Address				
	Chicago, IL 606	516					
		City/Si	tate and Zip Code				
	annaliu.mariacpa	@gmail.com					
		E-mail address: (to be used	l for future annual	report not	ification)		
For further i	nformation concerning	g this matter, please call:					
Anna Liu		312 631-3216 at ()		16			
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Re _l P.C	AILING ADDRESS: vision of Corporations gistration Section b. Box 6327 llahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301		
	a check for the follows \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	cate	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION 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:

SPZ UNITED LLC				
(Name of Fore	ign Limited Liability Company; mu	ist include "Limite	d Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company,""L.L.C.	ternate name adopted for the purpos	se of transacting bu	usiness in Florida. The alternate nar	ne must include "Limited
2. Illinois		3. 38-4036		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)
4	(Date first transacted busin	ess in Florida, if p	rior to registration.)	-
5. 332 S MICHIGAN AV	(See sections 605,0904 & 605	5.0905, F.S. to dete	ermine penalty liability)	
CHICAGO, IL 60604				_
CANE	(Street Address of	Principal Office)		
6. SAME				_
	(Mailing	Address)		-
7. Name and street addres	ss of Florida registered agent: (P	O. Box NOT a	cceptable)	
Name:	Registered Agents Inc.			Ξ_{c}
Office Address:	3030 N. Rocky Point Dr. STE	150A		E SA
	Tampa		, Florida 33607	
Registered agent's accep	(City)		(Zip code)	ST A
designated in this applica to complywith the provisi	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ntment as registe proper and con	red agent and agree to act in th	is capacity I further agree
	(Regis	stered agent's signa	ature)	
8. The name, title or capa XIN LIU MEMB	acity and address of the person(s ER) who has/have a	authority to manage is/are:	
2146B S ARCHER AVE				
CHICAGO, IL 60616-15	14			
jurisdiction under the law	of existence, no more than 90 d of which it is organized. (If the o			
of the translator must be s	ubmitted)	un ay	M	
	Signatur	e of an authorized	person	_
	d in accordance with section 605, the Department of State constit			
	XIN LIU			

Typed or printed name of signee

File Number

0628789-1



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

SPZ UNITED LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 05, 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 22ND day of MAY A.D. 2017.

Authentication #: 1714201908 verifiable until 05/22/2018

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE