# M1700006285

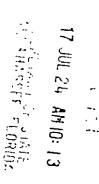
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900301646039

07/24/17--01024--010 \*\*125.00



LUUL 25 2017

G. MOLEOD

#### COVER LETTER

. .

.

TO:		on Section f Corporation:	s				
SUBJI		ONE SIX SIX	LLC				
SUBJI	EC1		Name of L	imited Liability C	Company		
The en Exister	iclosed "Appl nce, and chec	ication by Fore k are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza need foreign limit	tion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida
Please	return all cor	respondence co	oncerning this matter to the	following:			
	J	ing Liu					
	-	<del></del>	Na	inie of Person			
	(	One Step Profes	sional Services LLC				
Firm/Company							
	2146B S Archer Ave						
Address							
	Chicago, IL 60616						
City/State and Zip Code							
	an	naliu.mariaepa(	@gmail.com				
	_		E-mail address: (to be used	for future annual	report noti	fication)	
For fur	rther informa	tion concerning	this matter, please call:				
	Anna Liu			312 at (	631-321	6	
		Name of	Contact Person	Area Code	Dayı	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				
Enclos		for the followi Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	g Fee &	□ \$160.00 Filing Fee, Co of Status & Certified Cop	

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

IN COMPLIANCE WITH SECTION (05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESINENS IN THE STATE OF FLORIDA:

	eign Limited Liability Company; must	t include "Limited Liability Company,"	"L.L.C.," or "LLC.")
If name unavailable, enter a Jiability Company," "L.L.C.		of transacting business in Florida. The	alternate name must include "Limited
, Illinois	W. 13120. )	3. 37-1863774	
	of which foreign limited liability	(FEI number, i	if applicable)
l	Duta first transported business	o in Clarida If prive to equictration 1	
332 S MICHIGAN A	(See sections 605.0904 & 605.0 VE #1032-L510	ss in Florida, if prior to registration.) 1905, F.S. to determine penalty liability	·)
CHICACO II 60604			<del> </del>
CHICAGO, IL 60604	(Street Address of P	rincipal Office)	<del></del>
SAME			• • • •
/·			
	(Mailing A	Address)	
5 - Nto	, ,		AM 10:
7. Name and street addre	ss of Florida registered agent: (P.C	J. Box NOT acceptable)	C05 22 20:
Name:	Registered Agents Inc.		ang an
Office Address:	3030 N. Rocky Point Dr. STE 1	••	
	Tampa	, Florida <u>3360</u>	07
Registered agent's accep	(City)	(2	Zip code)
Having been named as re- designated in this applica- to complywith the provise	egistered agent and to accept serv ition, I hereby accept the appointi	ment as registered agent and agree	limited liability company at the place to act in this capacity. I further agree of my duties, and I um familiar with an
	(Registe	ered agent's signature)	
_	acity and address of the person(s)	red agent's signature) who has/have authority to manage is	s/are:
_	acity and address of the person(s)		s/are: 
SLXU MEMBE 2146B S ARCHER AVE	acity and address of the person(s)		s/are:
SEXU MEMBE 2146B S ARCHER AVE CHICAGO, IL 60616-15  9. Attached is a certificate	e of existence, no more than 90 days of which it is organized. (If the ce	who has/have authority to manage is ys old, duly authenticated by the offi artificate is in a foreign language, a tr	s/are:  icial having custody of records in the translation of the certificate under oath
SLXU MEMBE 2146B S ARCHER AVE CHICAGO, IL 60616-15  D. Attached is a certificate surisdiction under the law	eacity and address of the person(s) R H4 The of existence, no more than 90 day of which it is organized. (If the cesubmitted)	who has/have authority to manage is	icial having custody of records in the

SLXU

### File Number

0635066-6



## 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

ONE ONE SIX SIX LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 10, 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 19TH JULY A.D.

day of

2017

Authentication #: 1720001982 verifiable until 07/19/2018 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE