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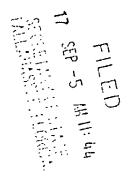
(Rec	(uestor's Name)					
(Address)						
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(City	/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
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## COVER LETTER

TO:

	gistration Section vision of Corporation	8					
SUBJECT:	CHUNZHIMU LLC						
	Name of Limited Liability Company						
					ansact Business in Florida," Certificate of y company to transact business in Florida		
Please return	n all correspondence c	oncerning this matter to the	following:				
	Jing Liu						
	· +	Name of Person					
	One Step Professional Services LLC						
	Firm/Company						
	2146B 8 Archer	: Ave					
			Address				
	Chicago, II, 600						
			tate and Zip Code				
	annaliu.mariaepar	@gmail.com					
		E-mail address; (to be use	d for future annua	Lreport no	tification)		
For further i	nformation concerning	this matter, please call.					
Anna Liu		312	631-32	116			
	Name of	Contact Person	Area Code	Day	ytime Telephone Number		
Div Rej P.C Tal	vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314			Division Registrat Clifton F 2661 Exc	ecutive Center Circle 79 7		
	a check for the followi \$125.00 Filing Fee	ng amount: □ \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		S160.00 Filing Fee@Certificon. of Status & Certified Copy.		

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

AN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SELIE OF FLORIDA:

L CHUNZHIMU LLC (Name of Fore	eign Limited Liability Company; me	ust include "Uimited L	iability Company," "L.L.C.;"	of all (Ca)
(If name unavailable, enter all Liability Company," "L.L.C,"	Remate name adopted for the purpor $\mathbb{C}$ or "LLC.")	se of transacting busin	ness in Florida. The alternate n	ame must include "Uimited
<sub>2</sub> Illinois		3. 38-4045855	5	
(Jurisdiction under the law company is organized)	of which foreign limited liability	··· <u></u>	(FEI number, if applicab	le)
4. Upon Qualification				
	(Date first transacted busin (See sections 605,0904 & 605	ness in Florida, if prior 5,0905, F.S. to determ	to registration.) ine penalty liability)	<del></del>
5. 332 S MICHIGAN AV		1.L.21		<u>—</u> .
CHICAGO, IL 60604				
	(Street Address of	Principal Office)		· <del></del>
6. SAME				
				<del></del> -
		g Address)		
7. Name and street addres.	ss of Florida registered agent: (F	<sup>a</sup> .O. Box <u>NOT</u> acce	ptuble)	
Name;	Registered Agents Inc.		<del></del>	
Office Address:	3030 N. Rocky Point Dr. STE	150A		
	Tampa		, Florida 33607 (Zip code)	
Registered agent's accept	(City)		(Zip code)	<del></del>
Having been named as reg designated in this applicat to complywith the provision	egistered agent and to accept ser ution. I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	ntment as registered e proper and comple Bill HavreA:	l agent and agree to act in ete performance of my dut sst. Secretary	this capacity. I further agree
	(Regis	stered agent's signature	e)	三部第二
8. The name, title or capa	acity and address of the person(s	s) who has/have auth	ority to manage is/are.	3 5 m
JIHALPENG MEMBER	R FELYI	MEMBER		
2146B S ARCHER AVE	2146B S	ARCHER AVE		
CHICAGO, IL 60616-151	14 CHICAG	GO, IL 60616-1514		
	of existence, no more than 90 d of which it is organized. (If the c ubmitted)			
	Signatur	re of an authorized pers	son	<del></del>
	I in accordance with section 605, or the Department of State constitution			

Typed or printed name of signee

JIHALPENG



## 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

CHUNZHIMU LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 18, 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 29TH day of AUGUST A.D. 2017.

Authentication #: 1724103246 verifiable until 08/29/2018

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

Desse White

SECRETARY OF STATE