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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)) !
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COVER LETTER

TO:		stration Section sion of Corporation	s				
SUBJE	CT:	VIVIAN GAO 0313					
		- -	Name of	Limited Liability (Company		
The end Existen	losed	"Application by Fored check are submitted	rign Limited Liability Com I to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida." (company to transact busine	Certificate of :ss in Florida
Please r	return	all correspondence co	oncerning this matter to the	following:			
		Jing Liu					٠
			,	lame of Person	, .,.		
		One Step Profes	ssional Services LLC				
			F	irm/Company			
		2146B S Archer	Ave				
		Address					
		Chicago, IL 606	516				
			City/S	State and Zip Code			
		annaliu.mariacpa(• •				
			E-mail address: (to be use	d for future annual	report not	ification)	
For furt	ther in	formation concerning	g this matter, please call:				
	Am	na Liu		312 at (631-32		
		Name of	f Contact Person	Area Code	Day	time Telephone Number	
	Divi Reg P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	FADDRESS: of Corporations ion Section uilding cutive Center Circle see, FL 32301	
Enclose		check for the followi 125.00 Filling Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTER SINESS, IN THE STATE OF FLORIDA:

(Name of Fore	eign Limited Liability C	ompany; must inclu	ide "Limited Liabi	lity Company," "L.L.C.," or	"LLC.")		
f name unavailable, enter aliability Company," "L.L.C,		or the purpose of tra	insacting business	in Florida. The alternate nam	ne must inclu	ide "Lim	ited
Illinois	or blee. y	2	38-4060476				
(Jurisdiction under the law	of which foreign limited	I liability		(Fl:I number, if applicable	,		
company is organized) Upon Qualification							
	(Date first trans	sacted business in F	lorida, if prior to (registration.)	_		
1100 SHERMAN AV		.0904 & 605.0905,	r.s, to determine	penany naomity)			
NAPERVILLE, IL 603	563				_		
	(Street	Address of Princip	oal Office)	· · · · · · · · · · · · · · · · · · ·	-		
SAME							
					•	œ ⊐ x	
		(Mailing Addres	is)		-	MAR.	
Name and street address	ss of Florida registered	d agent: (P.O. Bo	ox <u>NOT</u> accepta	ble)		2	
Name:	Registered Agents l	-			gri m	<u> </u>	····!
Office Address:	3030 N. Rocky Poir	nt Dr. STE 150A			FLORID	9.49	,
	Tampa			, Florida 33607		Φ	
egistered agent's accep		(City)		(Zip code)	_		
signated in this applica	tion, I hereby accept ons of all statutes rela my position as registe	the appointment ative to the prope red agent. (Registered a	as registered ag er and complete Bill HavreAsst gent's signature)	·	is capacity.	I furth	er agre
EIYU GAO MEMBE		V • • • • • • • • • • • • • • • • • • •		<i>y</i>			
- I46B S ARCHER AVE				, .			
HICAGO, IL 60616-15	14			•			
Attached is a certificate	of existence, no more of which it is organize		ate is in a foreig	ated by the official having a language, a translation o			
		Signature of an	authorized person		_	•	
				tatutes. I am aware that an ny as provided for in s.817		mation	

Typed or printed name of signee

File Number

0675048-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do herebycertify that I am the keeper of the records of the Department of Business Services. I certify that

VIVIAN GAO 0313 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 14, 2018, 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 1ST

day of MARCH A.D. 2018

Authentication #: 1806002318 verifiable until 03/01/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE