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TO: Registration Section

JBJECT:		Name of	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·		
ne enclosed cistence, an	"Application by Fo	oreign Limited Liability Com ed to register the above refer	pany for Authorization to Tenced foreign limited liabil	ransact Business in Florida." Certific lity company to transact business in F		
ease return	all correspondence	concerning this matter to the	following:			
	Jing Liu					
	Name of Person					
	One Step Prof	essional Services LLC				
	Firm/Company					
	2146B S Arch	er Ave				
			Address			
	Chicago, IL 60	0616				
		City/S	tate and Zip Code			
	annaliu.mariaep	a@gmail.com				
		E-mail address: (to be use	d for future annual report n	otification)		
or further in	formation concerning	ng this matter, please call:				
Anna Liu		312 631-3 au ()	3216			
	Name	of Contact Person		aytime Telephone Number		
Divi Regi P.O.	ILING ADDRESS sion of Corporation stration Section Box 6327 thassee, FL 32314		Divisio Registr Clifton 2661 E	ET ADDRESS: n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301		
closed is a	check for the follow 125.00 Filing Fee	ving 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 005 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L TY ALLIANCE LLC				
(Name of Fore	eign Limited Liability Com	pany; must include "Limited Lia	bility Company," "L.L.C.," or	· "I LC,")
			* Pt. 11 (Pt. 1)	
(1) name unavailable, enter all Liability Company." "L.L.C."		he purpose of transacting busines	ss in ritorida, The alternate has	ne must include "Limited
2. Illinois		3. 38-4061663		
(Jurisdiction under the law company is organized)	of which foreign limited lic	ability	(FEI number, if applicable	
Upon Qualification				
····	(Date first transact	ted business in Florida, if prior to 104 & 605.0905, F.S. to determin	registration.)	_
5. TI00 SHERMAN AVI			c permit, manny,	7.5 6 A
				12.00 美
NAPERVILLE, IL 605		ddress of Principal Office)		- E. T. M.
6. SAME	(Succe Au	adress of Frincipal Office)		
0				
		(Mailing Address)	· ·	- Si la
		-		
7. Name and street addres	,	igent: (P.O. Box <u>NOT</u> accept	able)	
Name:	Registered Agents Inc.	· .	_	
Office Address:	3030 N. Rocky Point E	Dr. STE 150A	_	
	Tampa		_ , Florida <u>33607</u>	
		(City)	(Zip code)	-
designated in this applica	rgistered agent and to action. I hereby accept the ons of all statutes relativ	ccept service of process for the appointment as registered a we to the proper and completed d agent. Bill HavreAss	gent and agree to act in the performance of my dutie	is capacity. I further agre
	_ Jet / man	(Registered agent's signature)	· · · · · · · · · · · · · · · · · · ·	- [
A 100		-		
8. The name, title or cap: YANYAN WANG MEN	•	person(s) who has/have author	rity to manage is/are:	
2146B S ARCHER AVE				
CHICAGO, IL 60616-151	14			
	of which it is organized.	nan 90 days old, duly authentic (If the certificate is in a foreign.)		
	:	Signature of an authorized perso	11	-
		tion 605.0203 (1) (b), Florida (e constitutes a third degree fel		
	<u> </u>	Typed or printed name of signee	- <u></u> -	-

File Number

0675351-5



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

TY ALLIANCE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15. 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 2ND day of MARCH A.D. 2018 .

Authentication #: 1806101426 verifiable until 03/02/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE