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COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJI	SUPER SUNRISE L&S LLC						
30 031	Name of Limited Liability Company						
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida						
Please	return all correspondence concerning this matter to the following:						
	Jing Liu						
Name of Person							
	One Step Professional Services LLC						
	Firm/Company						
	2146B S Archer Ave						
Address							
	Chicago, IL 60616						
	City/State and Zip Code						
annatio.mariacpa@gmail.com							
	E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:						
	Anna Liu 312 631-3216						
	Name of Contact Person Area Code Daytime Telephone Number						
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, Fl. 32301						
Enclos	ed is a check for the following amount: \$\Boxed{\text{\text{\text{\text{\text{G}}} \$125.00 Filing Fee} }} \text{\texictex{\text{\text{\text{\text{\text{\text{\text{\t						

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY/TOTRANS/ICT BUSINESS IN THE STATE OF FLORIDA:

Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa Florida 33607 (City) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Bill Havre—Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: RUI SUN MEMBER PEI LIU MEMBER 2146B S ARCHER AVE 2146B S ARCHER AVE CHICAGO, IL 60616-1514 CHICAGO, IL 60616-1514 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the state of the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Bill Havre—Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: RUI SUN MEMBER PEI LIU MEMBER 2146B S ARCHER AVE 2146B S ARCHER AVE CHICAGO, IL 60616-1514	L SUPER SUNRISE L&S						
Liability Company: "LLC," or "LLC,"	(Name of Fore	ign Limited Liab	ility Company: must	include "Limited	Liability Company," "L.!	L.C.," or "LLC.")	
the state of the same of the law of which foreign limited liability company is organized) 4.	Liability Company," "L.L.C,"		pted for the purpose	of transacting bu	siness in Florida. The alter	mate name must in	elude "Limited
(City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated liability company at the placetiment of accept the obligations of my position as registered agent. Bill Havre—Asst. Secretary (Registered agent so in this applications of my position as registered agent.) Bill Havre—Asst. Secretary (Registered agent so in this capacity.) Bill Havre—Asst. Secretary (Registered agent so in this capacity.) Bill Havre—Asst. Secretary (Registered agent.) Registered agent so in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent. Bill Havre—Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: RUI SUN MEMBER PELLU MEMBER PELLU MEMBER PELLU MEMBER PELLU MEMBER 2146B S ARCHER AVE CHICAGO, IL 60616-1514 SAMAM	2. Illinois			3, 37-18879	87		
(Date first transacted business in Florida. if prior to registration.) (Stees excitors 603,0904 & 603,0905, F.S. to determine penalty liability) 5. 1100 SHERMAN AVE SUITE 114-A51 NAPERVILLE. IL 60563 (Street Address of Principal Office) (Mailing Address) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc. Office Address: 3030 N. Rocky Point Dr. STE 150A Tampa (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the pla designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I om familiar wit accept the obligations of my position as registered agent. Bill Havre-Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: RUI SUN MEMBER PELLIU MEMBER 2146B S ARCHER AVE CHICAGO, IL 60616-1514 SAAKM	(Jurisdiction under the law o	of which foreign	limited liability		(FEI number, if ap	plicable)	
(Street Address of Principal Office) SAME (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: (City) Registered Agents Inc. (City) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the platesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent. Bill Havre—Asst. Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: RUI SUN MEMBER PELLU MEMBER 2146B S ARCHER AVE CHICAGO, IL 60616-1514 SAAKTIER AVE CHICAGO, IL 60616-1514	4						
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	jurisdiction under the law o	of which it is or	ganized. (If the cer	rtificate is in a fo			
mentance of an authorized person					erson		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information			•	•			

Typed or printed name of signee

RUI SUN

File Number

0680698-8



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

SUPER SUNRISE L&S LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 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 22ND day of MARCH A.D. 2018 .

Authentication #: 1808103360 verifiable until 03/22/2019

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

Desse White

SECRETARY OF STATE