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COVER LETTER

TO: Registration Section

SUBJECT:	HENGMING LLC						
SUBJEC, F	Name of Limited Liability Company						
The enclosed Existence, ai	I "Application by For ad check are submitted	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	unsact Business in Florida," y company to transact busin	Certificate of the control of the co	
lease return	all correspondence c	oncerning this matter to the	following:				
	Jing Liu						
		N.	ame of Person				
	One Step Profes	ssional Services LLC					
		F	irm/Company				
	2146B S Arche	r Ave					
			Address				
	Chicago, II, 600	316					
		City/S	State and Zip Code				
	annaliu.mariaepa	@gmail.com					
		E-mail address: (to be use	d for future annual	report not	ification)		
For further i	iformation concerning	g this matter, please call:					
An	na Liu		312 ai (631-32	16		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number		
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Eve	FADDRESS: of Corporations ion Section saidding sentive Center Circle see, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Fifin	ig Fee &	☐ \$160.00 Filing Fee, Co		

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

IN COMPLIANCE WITH SECTION (05/002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Name of For	eign Limited Liability Company; m	ust include "Limited Lia	bility Company," "L.L.C.," (or "LLC.")		•
f name unavailable, enter a lability Company," "L.L.C.	Iternate name adopted for the purpo	se of transacting busines	ss in Florida. The alternate n	ame must inch	ude "Lir	nited
Illinois	or f.t.C.)	61-1812905				
(Jurisdiction under the law	of which foreign limited liability	3. 01-1812405	(FEI number, if applicab	le)		-
company is organized)	11/28 !					
UPON QUALIFICAT		ness in Florida, if prior to	o registration.)	_		
	(Date first transacted busin (See sections 605,0904 & 60	5.0905, F.S. to determin	e penalty liability)			
332 S MICHIGAN A	VE #1032-L511					
CHICAGO, IL 60604						
	(Street Address of	(Principal Office)				
SAME				— ÷,	20	
					Sei 182	
	(Mailing	(Address)		<u>;.</u>	\equiv	
. Name and <u>street addres</u>	ss of Florida registered agent: (1	P.O. Box NOT accept	table)		JUK 25	į
Name:	Registered Agents Inc.			: 1:	⊅ -	[]
Name.			_	•;	_3.	·
	2020 N. Davida Dalai De STE	: 150.3		-:	ထ	\ \
Office Address:	3030 N. Rocky Point Dr. STE	: 150A			8: 2:	ι.
Office Address:	Tampa	150A	. Florida <u>33607</u>			ζ.
tegistered agent's accep	Tampa (City)		(Zip code)		25	ζ.
degistered agent's acceptaving been named as resignated in this application of the comply with the provision.	Tampa (City)	rvice of process for th ntment as registered o e proper and complete	(Zip code) te above stated limited lia igent and agree to act in e performance of my duti	this capacity.	25 ny at th . I furt	her ag
Registered agent's acceptaving been named as resignated in this applicate complywith the provisi	Tampa (City) otance: ogistered agent and to accept se ution. I hereby accept the appoint ons of all statutes relative to the my position as registered agent	rvice of process for th ntment as registered o e proper and completo	(Zip code) (Zip code) The above stated limited liable and agree to act in the performance of my dutiest. Secretary	this capacity.	25 ny at th . I furt	her ag
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Registered agent's acceptaining been named as relessing ated in this applicate or complywith the provision coupt the obligations of the AUA QIN MEMBER AVE CHICAGO, IL 60616-15. Attached is a certificate arisdiction under the law	Tampa (City) otance: egistered agent and to accept se tion. I hereby accept the appoint ions of all statutes relative to th my position as registered agent (Registered and address of the person): 14 of existence, no more than 90 of which it is organized, (If the ubmitted)	rvice of process for the nament as registered a e proper and complete . Bill HavreAs: stered agent's signature) s) who has/have autho	(Zip code) The above stated limited liausent and agree to act in a performance of my dutiest. Secretary The manage is/are:	this capacity. es, and I am	ny at the I familia	her ag ar with

Typed or printed name of signee

HUA QIN

File Number

0599980-4



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

HENGMING LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 06. 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 21ST

day of

JUNE

A.D. 2018

Authentication #1 1817203064 verifiable until 06/21/2019 Authenticate al: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE