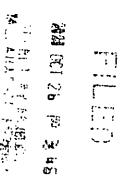
(Req	uestor's Name)	
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COVER LETTER

TO:

Registration Section

Name	of Limited Liability Company	
nclosed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re	Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business in	
return all correspondence concerning this matter to	the following:	
SEN ZHANG		
	Name of Person	
GPK VILLA RICA LLC		
	Firm/Company	
136 SANDPIPER KY		
	Address	
SECAUCUS, NJ 07094		
Ci	ty/State and Zip Code	
GS34044N@GMAIL.COM		
E-mail address: (to be	used for future annual report notification)	
rther information concerning this matter, please call	:	
GRACE SONG	347 200-1314 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Cert	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ne unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate n	ame must include "Limited	Liability Company," "L.L.C," or	"LL
ELAWARE		3			
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)		
0/19/2020					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.)	. <u>.</u>		
615 COMMODITY O		8615 C	OMMODITY CIR	STE 17	
Address of Principal Office)		6	niling Address)	····	-
RLANDO, FL 32819	•	ORLA	NDO, FL 32819		
lame and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptal	ole)		
	ss of Florida registered agent: (P.O. Box	NOT acceptal	elc)		_
Name:		NOT acceptal	vle)		-
	SEN ZHANG		32819 Florida	12 001 2	
Name:	SEN ZHANG 8615 COMMODITY CIR STE 17		32819	## 001 2b	
Name: Office Address: gistered agent's accepting been named as resignated in this application on ply with the provisi	SEN ZHANG 8615 COMMODITY CIR STE 17 ORLANDO (City)	rocess for the registered ag	32819 Florida (Zip code) above stated limited	d liability company at the tin this capacity. I fur	· · · · · · · · · · · · · · · · · · ·

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: SEN ZHANG Manager Name: ☐ Manager 8615 COMMODITY CIR Address: ☐ Member Address: ■ Member **STE 17** □ Authorized ☐ Authorized ORLANDO, FL 32819 Person Person □Other____ Other □Other Other____ Name: ☐ Manager Name: □Manager □Member Address: Address: □Member ☐ Authorized □ Authorized Person Person □Other_____ □Other ____ □Other Other □Manager Name: Name: □ Manager Address: Address: □Member ☐ Member □ Authorized ☐ Authorized Person Person □Other ____ □Other____ Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person SEN ZHANG

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GPK VILLA RICA LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPK VILLA RICALLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2018.



Authentication: 203817701

Date: 10-07-20