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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foreign LLC for incorporation in Florida Yuan Yuan Animation LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Catherine Chen	_____
	Name of Person
Yuan Yuan Animation	_____
	Firm Company
1255 Mayview Way	_____
	Address
Wellington, FL 33414	_____
	City, State and Zip Code
yuananm0@gmail.com	_____
	E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Catherine Chen	561	7626970
_____	at (_____)	_____
Name of Contact Person	Area Code	Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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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

1. Yuan Yuan Animation LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

2. For use as an alternate (enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

3. California 85-1086856

4. (Date first transacted business in Florida prior to registration) (See sections 605.0902 & 605.0905, F.S., to determine penalty liability.)

5. 325 W. Adams Blvd #3041A 325 W. Adams Blvd #3041A
Street Address or Principal Office (Mailing Address)

Los Angeles, CA 90007 Los Angeles, CA 90007

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

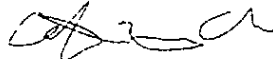
Name Catherine Chen

Office Address: 1255 Mayview Way

Wellington, Florida 33414
City State Zip/Costs

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 agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

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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].

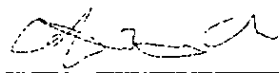
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Yuan Yuan LLC</u>	<input type="checkbox"/> Manager	Name: <u>Catherine Chen</u>
<input checked="" type="checkbox"/> Member	Address: <u>30 N Gould St Ste R</u>	<input type="checkbox"/> Member	Address: <u>1255 Mayview Way</u>
Authorized	<u>Sheridan, WY 82801</u>	<input checked="" type="checkbox"/> Authorized	<u>Wellington, FL 33414</u>
Person	_____	Person	_____
Other	_____	Other	_____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other	_____	Other	_____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other	_____	Other	_____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Catherine Chen

 Typed or printed name of signee



**Secretary of State
Certificate of Status**

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: YUAN YUAN ANIMATION LLC
File Number: 202013910705
Registration Date: 05/14/2020
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of January 1, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses or any business activities or practices of the entity.

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IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 2, 2021.



ALEX PADILLA
Secretary of State

Certificate Verification Number: RP9XX9Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.