# M21000005048

(Re	equestor's Name)	<del></del>
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### COVER LETTER

TO:

Registration Section

		Name of	Limited Liability Company				
		reign Limited Liability Com ed to register the above refer					
Please return	all correspondence	concerning this matter to the	following:				
	Jing Liu						
		N	ame of Person		-		
	One Step Professional Services LLC						
	Firm/Company						
	2146B S Arch	er Ave					
			Address		-		
	Chicago, IL 60	0616					
	<del></del>	City/S	tate and Zip Code		•		
	annaliu.mariaep	a@gmail.com			. •		
		E-mail address: (to be use	d for future annual report no	tification)	-		
For further in	formation concernit	ng this matter, please call:			1		
			312 631-32 at ( )	16	•		
	Name (	of Contact Person		time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		,			
	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, C of Status & Certified Co			

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

OMPANY TO TRANSACT BUSE CHICAGO TRINITY IN	VESTMENTS LL	$e^{2}$	•		
(Name of Foreig	n Lumted Liability	Company, must n	nclude 1 imited Labi	ilits Company TTC, or TTC	1
Fname unavailable, enter alte rability Company, ""I. I. C." o	rnate name adopted	tor the purpose o	t transacting business	in Florida. The alternate name mus	include "I imited
abinty Company, 124, C. 3 Illinois	a title v		3. 81-1070913		
(Jurisdiction under the law o	t which foreign limit	ted hability	·	(FTI number, if applicable)	
company is organized)					
Upon Qualification			TI 1 7	and tradest 1	
	(Date first tra (See sections b)	ansacted business 05 0904 & 605 09	in Florida, if prior to 905, F.S. to determine	penalty hability)	
33 N LASALLE ST ST					
CHICAGO II, 60602	(51)	eet Address of Pro	memal Office)		
SAME	(	CCC Addic Committee	incij ili vilovi		
).					
	_				
		(Mailing Ac	ddress)		
7. Name and street addres	s of Florida regist	ered agent: (P.C	i, Box <u>NOL</u> accept	able)	
Name.	Registered Agen				
Name.	3030 N. Rocky I	Point Dr. STE E	50A	_	1
Office Address:	30,00 3 103 83 1			- 12.05	•
	Lampa			Florida 33607 (Zsp.code)	•
		(City)		(Nib code)	
	gistered agent on uton, I hereby acci ions of all statutes my position as re	ept the appoint relative to the p gistered agent. I	proper and complete	he above stated limited liability of agent and agree to act in this cape performance of my duties, and set Secretary	
		Registi	ered agent s signature	)	Ċ.
		Cala - marrianta i	which is have author	ority to manage is are:	
8. The name, title or cap		or are personess	***************************************		
YING LIU MEMBEI	R 				
2146B S ARCHER AVE	<u> </u>				
CHICAGO, 11, 60616-15	114				<del></del>
				de and he this official backing one	rade at repards in the
9. Attached is a certificat	e of existence, no	more than <sup>on da</sup> onized: (1) the c	gy (na. any admen egiticate is in a forc	ticated by the official having cus eign language, a translation of th	e certificate under oath
jurisdiction under the 10W	submitted)	1/	7		
Patthe translaint mills DC.	,		<u> </u>		
of the translator must be			·		
of the translator must be		Sugnature	of an authorized per-	soli	
		/	e of an authorized per-		
	ed in accordance to the Department	/ · · · · · · · · · · · · · · · · · · ·	التعادي المعادية	C. Storings. Using assure that any fa-	lse information 5, F.S.
	ed in accordance to the Department	/ · · · · · · · · · · · · · · · · · · ·	التعادي المعادية		Ise information 5, F.S.

#### File Number

0556760-2



### 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

CHICAGO TRINITY INVESTMENTS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 12, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE 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 23RD day of FEBRUARY A.D. 2021.

Authentication #: 2105401240 verifiable until 02/23/2022
Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE