(shown below) on the top and bottom of all pages of

(((H210002178573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

Foreign Limited Liability Company X-PLANET LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JUN -2 2021

M. SOLOWON

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Help

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

Nevada		lorida. The alternate name must include "Limited Liability Company," "L.L.C," or 854076135	, ccc. /	
(Jurisdiction under the law of which foreign limited liability company is organized		3. (FEI number, if applicable)	_	
- Manual Control of the Control of t	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration)		
7901 4th St N		_{6.} 7901 4th St N		
STE 300		STE 300		
St. Petersburg FL 33702		St. Petersburg FL 3370	2 ² 8 8	
Name and street address	ss of Florida registered agent: (P.O. Bo	ax <u>NOT</u> acceptable)	21 JUN - 1	
Name:	Registered Agen	ts Inc.	ANIO: 40	
Office Address:	7901 4th St N ST	E 300	100 P	
31170 711111 0011	St. Petersburg	. Florida 33702		

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.



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]:

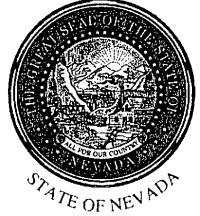
Title or Capacity:	Name and Address:	Title or Capacity	<u>**</u>	Name and	Address:
Manager	Name: YUAN ZHOU	Manager Manager	Name:		
✓Member	Address: 7901 4th St N STE 300	☐ Member	Address:		
Authorized	St. Petersburg, FL 33702	☐ Authorized			
Person		Person			
Other	Other	Other		Other	
Manager	Name:	☐ Manager	Name:		
Member	Address:	Member	Address:		
Authorized		Authorized			
Person		Person			
Other	Other	Other		Other_	2
Manager	Name:	☐ Manager	Name:		ANY SELECTION OF THE PARTY OF T
Member	Address:	Member	Address:		<u> </u>
Authorized		Authorized	-munum		AN IO: 40
Person	and the state of t	Person			<u> </u>
Other	Other	Other		Other	

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.

Riley Park	
	Signature of an authorized person
Riley Park	
	Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **X-Planet LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/27/2020, and is in good standing in this state.

Certificate Number: B202105311713079

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/31/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State