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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

ECT:	me of Limited Liability Company	
Na	me of Efficient Liability Company	
	y Company for Authorization to Transact Business in Florida," Certific e referenced foreign limited liability company to transact business in F	
return all correspondence concerning this matter	to the following:	
Qian Liu		
	Name of Person	
Qian Liu CPA PLLC		
	Firm/Company	
1774 W McDermott Dr., Ste 100		
	Address	
Allen, TX 75013		
	City/State and Zip Code	
qian.liu.cpa@31accounting.net		
E-mail address: (to	be used for future annual report notification)	
ther information concerning this matter, please of	ali:	
Qian Liu	972 467-4308 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
1 analia5500, 1 17 32314	Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE		

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

(Name of Foreig	n Limited Liability Company; must include "l	Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting braine	es in Florida. The offernale name must include "Limited Liability Company," "L	.L.C," or "E.L.C.")
Texas 2. (Jurisdiction under the law of	which foreign limited liability company is organized	3. (FEI number, if applicable)	
N/A 4	(Date first transacted business in Florida, if	prior to registration)	
	(See sections 605.0904 & 605.0905, F.S. to	determine penalty (fability)	
8865 Commodity Cir 5.		8865 Commodity Circle 6. (Mailing Address)	
(Street Address of Principal Office)		(Mailing Address)	
Ste 12, Office 207	-	Ste 12	
Orlando, FL 32819		Orlando, FL 32819	
7. Name and street addre	ess of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	2021
Name:	InCorp Services, Inc.		JUN 29
Office Address:	17888 67th Court North		~n
	Loxabatchee	33470 , Florida	100 t8
(City)		(Zip code)	~~~ ∞

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.

Amanda Morehouse on behalf of InCorp Services, Inc.

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:		Name and A	<u>ddress:</u>	
■Manager	Name:	Xisoming Shao	■Manager	Name: N	1ichael Campbell		
[]Member	Address:	1807 Marshall Dr	□Member	Address:	1133 Clinging Vir	ne Place	
■Authorized		Allen, TX 75013	□Authorized		Winter Springs, F		
Person			Person				
■Other_President		□Other	Other		□Other		
■Manager	Name:	Iliana Luna	≣Manager	Name:	Qian Liu		
ElMember		901 Windrose Dr	□Member	Address:	1807 Marshall Dr		
□Authorized		Orlando, FL 32824	■Authorized		Allen, TX 75013		
Person			Person				
Other		Other	≅Other	<u>-</u>	□Other	•	智
□Manager	Name:		□Manager	Name:		3.4 7.51	<u>الإنال</u>
□Member	Address:		□Member	Address:		:4 <u>-2</u> -3-2	¥ 63
□Authorized			C)Authorized			17 U1 17 U1	Pi io
Person			Person				94
□Other		□Other	□Other	<u>-</u>	□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.

S/M 2	
Signature of an authorized person	
Xiaoming Shao	
Typed or printed name of signer	

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 31 Realty, LLC (file number 801852058), a Domestic Limited Liability Company (LLC), was filed in this office on September 18, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 21, 2021.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

nx: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 1060298430004