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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



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iK. Brumbley

W23-129395 SIL



September 25, 2023

MIN LI 55 FADEM ROAD SPRINGFIELD, NJ 07081 US

SUBJECT: WELLBROOK ACQUISITION LLC

Ref. Number: W23000129395

We have received your document for WELLBROOK ACQUISITION LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 323A00022063

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Divi	ision of Corporations		
	WELLBROOK ACQUISITION LLC		
SUBJECT:	Name o	f Limited Liability Co	ompany
			ion to Transact Business in Florida," Certificate of diability company to transact business in Florida.
Please return	all correspondence concerning this matter to the	ne following:	
	MIN LI		
		Name of Person	_
	WELLBROOK ACQUISITION LLC		
		Firm/Company	-
	55 FADEM ROAD		
		Address	
	SPRINGFIELD, NJ 07081		
	City	/State and Zip Code	
	wellbrookmanagement@gmail.com		
	E-mail address: (to be us	sed for future annual r	report notification)
For further in	iformation concerning this matter, please call:		
MIN	ILI	646 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 Sec Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810
Plge	losed is a check for the following amount: se make check payable to: FLORIDA DEPAI \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fee & Certificate of \$\square\$\$	\$155.00 Filin 🗆 🗈	ng Fee & S160.00 Filing Fee, Certificate

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:

(Name of Foreign	Limited Liability Company; must include "Limite	ed trabinty	Company, I.A.C., or "ELC.)		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Lia	bility Company," "L.L.C," o	r"LLC.")
Georgia (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI numbe	er, if applicable)	_
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to detern	registration	.) habihay)		
55 FADEM ROAD			55 FADEM ROAD		
Street Address of Principal Office)			(Mailing Address)		_
SPRINGFIELD, NJ 070	981		SPRINGFIELD, NJ 07081		
7. Name and street addres Name:	es of Florida registered agent: (P.O. Box Registered Agents Inc	x <u>NOT</u> a	ecceptable)	2023 SEP 29	- ACC
Office Address:	7901 4th St N STE 300			AH 10	(ED 1970 1970 1970 1970 1970 1970 1970 1970
	St. Petersburg		, Florida 33702	: 0 2	
	(City)		(Zip code)		
lesignated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ions of all statutes relative to the prope s of my position as registered agent.	as regista	ered agent and agree to act in	n this capacity. I fu	rther agi

(Registered agent's signature)

Dand Roberts

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: ZHIWEI PENG MIN LI Name: Manager □Manager 55 FADEM ROAD Address: 55 FADEM ROAD Member Address: □Member SPRINGFIELD, NJ 07081 SPRINGFIELD, NJ 07081 ☐ Authorized □ Authorized Person Person Other____ □Other___ Other _____ Other DANIEL PENG Name: ______ □Manager Name: □Manager Address: ___ Member □Member Address: ______ SPRINGFIELD, NJ 07081 ☐ Authorized Authorized Person Person Other_____ Other ___ □Other____ Other Name: _____ Name: □Manager □Manager Address: _____ □Member Address: ______ □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

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

of the translator must be submitted)

MIN LI

Control Number: 23186716

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Wellbrook Acquisition LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 26114319 Date Inc/Auth/Filed: 08/24/2023 Jurisdiction : Georgia Print Date : 09/27/2023

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State