M24000008147

(Requestor's Name)
(Address)
(Àddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24-48117

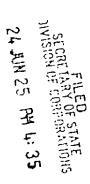




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03/12/24--01030--011 **125.00

08 (29 31--01011--014) **800.75





March 26, 2024

XIAOYANG LU 1558 THORNHILL CIR OVIEDO, FL 32765 US

SUBJECT: SUMMER & ANGELA, L.L.C.

Ref. Number: W24000048117

We have received your document for SUMMER & ANGELA, L.L.C. and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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

Letter Number: 824A00006426

Ariel Jones Regulatory Specialist II

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJEC	Summer & Angela, L.L.C	
		of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to	the following:
	Xiaoyang Lu	
		Name of Person
		Firm/Company
	1558 Thornhill Cir	
		Address
	Oviedo, Fl. 32765	
	City	s/State and Zip Code
	xiaoyanglu99@gmail.com	
	E-mail address: (to be u	ised for future annual report notification)
For furtl	ner information concerning this matter, please call:	
	Xiaoyang Lu	407 968-4782 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 DEPA \$\Bigsup \$125.00\$ Filing Fee Certificate of	& 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. HMITED HABILITY COMPANY TO TRANSICT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limited	manny company. C C C W CCC /	
me imavailable, enter alternate	name adopted for the purpose of transacting husiness in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "L.L
orth Carolina		61-1871696	
Durisdiction under the law of w	high foreign binted liability company is organized)	3. (Pet number, it a	ppicablei
December, 31 2023			
72.1.1	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration) re penalty liability)	•
1558 Thornhill Cir		1558 Thornhill Cir	
t Address of Principal Office)		6. (Mailing Address)	
Oviedo, FL 32765		Oviedo, FL 32765	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	ss of Florida registered agent: (P.O. Box Xiaoyang Lu	NOT acceptable)	24 <u>J</u>
Name and <u>street addres</u> Name: Office Address:		NOT acceptable)	24 JUN 25
Name:	Niaoyang Lu 1558 Thornhill Cir Oviedo	32765	9
Name:	Niaoyang Lu 1558 Thornhill Cir Oviedo	NOT acceptable) 32765 (Zip code)	24 JUN 25 PH 4: 35
Name: Office Address: sistered agent's accepting been named as reignated in this applicationship with the provisionship with the provisio	Niaoyang Lu 1558 Thornhill Cir Oviedo (Cuy)	. Florida 32765 (Zip tode) rocess for the above stated limited liabin registered agent and agree to act in thi	PH 4: 35 lity company at the scapacity. I furthe

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: Title or Capacity: Name and Address: Name and Address: Name: ____xiaoyang lu Name: ___Yiming Deng □ Manager □ Manager PO Box 17012 Address: __ Address: ____ **■**Member ☐ Member Hapel Hill, NC 27516 Orange Oviedo, FL 32765 ☐ Authorized ■ Authorized Person Person ☐Other_____ □Other_____ □Other_____ []Other □Manager Name: □Manager Name: _____ □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person Other____ □Other_____ □Other____ ☐Other_____ Name: □Manager □Manager Name: ______ □ Member Address: □Member Address: □ Authorized □ Authorized Person Person □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 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 Xiaoyang Lu

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

SUMMER & ANGELA, L.L.C.

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 3rd day of May, 2017

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of March, 2024.

Elaine I Marshall

Secretary of State