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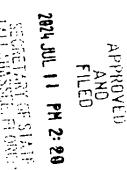
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJEC		STUDIO LLC f Limited Liability Company
		mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the	he following:
	YI ZHENG	Name of Person
	<u>YILLUSTRATION</u>	STUDIO LLC Firm/Company
	1500 NW N River	Dr #2703 Address
	MIAMI . FL.	331ン5. /State and Zip Code
	yizhengillustr E-mail address: (10 be u	sed for future annual report notification)
For furth	ner information concerning this matter, please call:	
	YI ZHENG Name of Contact Person	at (<u>410</u>) <u>395 - 4419</u> . Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI \$ \$125.00 Filing Fee \$ \$130.00 Filing Fee & Certificate of \$	& ■ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate

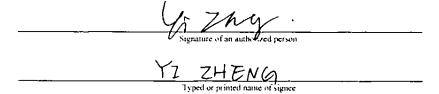
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

MASSACH	USETTS nich föreign limited hability company is o	organized) 3.		(FE) number, if a	pplicable)	<u> </u>
	/Data from train acted business in EL	mile starior to cuitrein	-		_	
	(Date first transacted business in FIG. (See sections 605 0904 & 605 0905	`				
tress of Principal Office)	River Dr #2]	<i>9</i> 5 6.	(Mailing Addres	5)		
MIAMI						
FL. 33125	<u>-</u>					
	s of Florida registered agent:	(P.O. Box NOT a	acceptable)			
			F ,		2024 1311	
Name:	_YL ZHENG	1				 -
Office Address:		. River Di	<u>#2</u>]03			 ILEO
	MIAMI (Ca		, Florida	33125.	1715 E	
	(Cu	y)		(Zip code)		•

itle or Capacity:	Name and Address:	Title or Capacit	<u>V:</u>	Name and Address:
∄Manager	Name: YI ZHENG	■Manager	Name:	
Member	Address: 1500 NW N River Dr.	#2/03 =Member	Address:	
Authorized	MIAMI	■ Authorized		 .
Person	FL. 33125	Person		
Other	■Other	■Other		■Other
Manager	Name:	≣Manager	Name:	
Member	Address:	■Member	Address:	
Authorized		■ Authorized		
Person		Person		
Other	■ Other	■ Other		■Other
Manager	Name:	■Manager	Name:	
Member	Address:	■Member	Address:	
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. 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.





The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: April 01, 2024

To Whom It May Concern:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

YILLUSTRATION STUDIO LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C, on February 27, 2020.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Francis Galecin

Certificate Number: 24030616260

Verify this Certificate at: https://corp.sec.state.ma.us/corpweb/Certificates/Verify.aspx

Processed by: