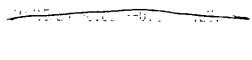
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(Requestor's Name)
(Address)
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October 30, 2024

YOUSHAN ZHAO 7560 RED BUG LAKE RD STE 2060 OVIEDO, FL 32765 US

SUBJECT: ELITE COLLECTIONS LLC

Ref. Number: W24000147567

We have received your document for ELITE COLLECTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews Regulatory Specialist II

RECEIVED

Letter Number: 324A00023945

NOV 0 8 2024

COVER LETTER

Div	ision of Corporations	
SUBJECT:	ELITE COLLECTIONS LLC	
	Nam	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matter t	to the following:
	Youshan Zhao	
		Name of Person
	CPA Services	
		Firm/Company
	7560 Red Bug Lake Rd Ste 2060	
		Address
	Oviedo, FL 32765	
		City/State and Zip Code
	eve@popilush.com	
	E-mail address: (to be	e used for future annual report notification)
For further in	nformation concerning this matter, please ca	dl:
You	ishan Zhao	724 557-8193 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	iling Address:	Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
	D. Box 6327	The Centre of Tallahassee
Tal	lahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$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. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	which foreign limited liability company is organized)	99-4167116	
	THE PARTY CONTRACTOR OF THE PA		
100010001	inion foreign limited liability company is organized)	3. (FEI number, if app	heable)
10/04/2024			
	(Date first transacted business in Florida, if prior to 6 (See sections 605 0904 & 605 0905, F.S. to determin	registration) ne penalty liability)	
3718 Vineland Road		7560 RED BUG LAKE RD STE 3	
et Address of Principal Office)		6. (Mailing Address)	·····
Orlando, FL 32811		OVIEDO, FL 32765	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ŹĐŹ1
	ss of Florida registered agent: (P.O. Box A & T BUSINESS SOLUTION INC	NOT acceptable)	70½+ NOV
Name and <u>street addre</u> Name: Office Address:	" -	NOT acceptable)	(Y 8 - AON 1207
Name:	A & T BUSINESS SOLUTION INC	NOT acceptable) 32765	I

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 Address: Name: __ □ Manager □Manager Address: 2718 Vineland Road. □Member □Member Address: Orlando, FL 32811 Authorized □ Authorized Person Person □Other____ □Other □Other____ □Other_____ Name: _____ □ Manager □ Manager Address: □Member □Member Address: ____ □ Authorized □ Authorized Person Person Other_ □Other____ □Other____ □Other_____ □Manager Name: ____ □Manager Name: □ Member Address: □Member Address: □ Authorized □ Authorized

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.

□Other

Person

□Other____

□ Other

Person

- 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.

Just 7 Many Signature of an authorized person

Jintian Wang

Typed or printed name of signee.

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Elite Collections, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on July 24, 2024; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 1, 2024

Bernard J. Logan, Clerk of the Commission