

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Quynh Ta PA

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Quynh Ta
Name (Printed or typed)
5037 SW 121 Terrace
Address
Cooper City Florida 33330
City, State & Zip
407-227-3646
Daytime Telephone number
angelic_galsaw1@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME Quynh Ta PA

The name of the corporation shall be: _____ ~~16 MAY 9 PM 12: 54~~

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

MAILING ADDRESS, IF DIFFERENT IS:
TALLAHASSEE, FLORIDA

5037 SW 121 Terrace

Cooper City Florida 33330

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ any and all legal purposes. Specific purpose is to provide
optometric services.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Quynh Ta President Name and Title: _____

Address 5037 SW 121 Terrace Address: _____

Cooper City Florida 33330

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Name and Title: FILED

Address _____

Address: 16 MAY -9 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Quynh Ta

Address: 5037 SW 121 Terrace

Cooper City Florida 33330

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Quynh Ta

Address: 5037 SW 121 Terrace

Cooper City Florida 33330

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

05.09.16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator

05.09.16

Date