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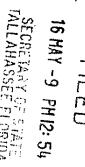
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
l. <u></u>				

Office Use Only



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COVER LETTER

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

	iynh Ta PA		
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	articles of incorporation an	d a check for:
\$70.6 Filing F		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM		me (Printed or typed)	
·	5037 SW 121 Terrace		
		Address	
	Cooper City Florida 33330		
	Ci	ty, State & Zip	
	407-227-3646		
	Daytime	Telephone number	
	angelic_galsawl@yahoo.com		
	E-mail address: (to be u	sed 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)

RTICLE I NAME	Quynh Ta PA	LICED
he name of the corporat	ion shall be:	16 MAY -9 PM 12: 54
RTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Mante Attasse after the Land
	Timepu att our	TALL AHASSEE FLURIDA
037 SW 121 Terrace		
Cooper City Florida 333	330	
RTICLE III PURPO he purpose for which the ptometric services.	ne corporation is organized is:	nd all legal purposes. Specific purpose is to provide
promotile solvices		
		Ġ,
Name and Title	5037 SW 121 Terrace	Name and Title:
Address	Cooper City Florida 33330	Address:
Name and Title		Name and Title:
Address		
Address		Address:
		5 B 44 E
Name and Title:		Name and Title:
Address		Address:
· sweet PUI		

Name and	l Title:	Name and Title:_	FILEU
Address		Address: _	16 MAY -9 PM 12: 54
		_	SECRETARY UN STATE TALLAHASSEE FLORIDA
	agranage		
	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of Quynh Ta	the registered agen	it is:
Name:			
Address:	5037 SW 121 Terrace		
	Cooper City Florida 33330		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
	Quynh Ta		
Name:	5037 SW 121 Terrace		
Address:		,	
	Cooper City Florida 33330		
	EFFECTIVE DATE:		
Effective date, if ((If an effective d	other than the date of filing:ate is listed, the date must be specific and cannot	(OP) t be more than fiv	FIONAL) e business days prior or 90 business
days after the fil			
	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing req	nirements, this date will not be listed as
the document 5 cr	being date on the Beparanem of State of Seconds.		
	ed as registered agent to accept service of process im familiar with and accept the appointment as reg		
			NE 20 1/
	Required Signature/Registered Agent		05.02.16 Date
	ument and affirm that the facts stated herein are i Department of State constitutes a third degree felon		
		, E	
Docuit	y de l'annument	· · · · · · · · · · · · · · · · · · ·	05.09.16
Requi	red Signature/Incorporator		Date