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

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SECRETARY OF STATE TALLAHASSEE, FLORID

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COVER LETTER

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

SUBJECT:	Xiao Wei	MC.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d 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:	3116 Cap	elephone number	2 NZ #3 23 08	
	E-man address: (to be used	i for future annual report r	iotification)	

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

September 29, 2015

I, Zheng, Chang B, have no intention of reinstating the company named XIAO WEI, Inc. & Document number Poloooo76045.

Thus I, Zheng, Chang B, hereby release the Company name.

Theng, Chang B. president of Xiao Wei Inc. Theng, Chang B.

09/29/2015



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

ne name of the corpo	E ration shall be:	Xiao	WE: 1	nc.		
	Principal street addr	ess+	_	Mailing	address, if diff	erent is:
Tallchas	see Fl	32308	_		·	
RTICLE III PUR e purpose for which	POSE 1 the corporation is org	anized is:	00 any (auful &	legal:	busines Busine
			. ,			,
		100				
number of shares	of stock is:	OR DIRECTORS)	•	
TICLE V INIT Name and T	IAL OFFICERS AND	or directors	Name		C S	
number of shares	tle: Chun H	Mon (06	Name Name	·	050	
TICLE V INIT Name and T	IAL OFFICERS AND	Mon (06	Name Name	·	Cosso	
TICLE V INIT Name and Ti Address	tle: Chun H 2698 N. Tall aha	Mon (06	Name Name 2 St Addres			
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number of shares TICLE V INIT Name and Ti Address Name and Tit	ide: Liao W. 2698 N. 2698 N.	Montoe	Name ST Addres Name Name Name Name Addres Addres	and Title:	F 29	
Name and Tit Address Name and Tit Address	is tock is: IAL OFFICERS AND Tall oh C Call oh C 2698 N. 7011eh A	Monfoe Sse pl	Name ST Addres Name ST Addres Addres 32303	and Title:	SEP 29 PH 3:27	
Name and Ti	ide: Liao W. 2698 N. 2698 N.	Monfoe Sse pl	Name ST Addres Name ST Addres Addres 32303	and Title:	SEP 29 PH 3:27	

Name and Title:	Name and Title:						
Address	Address:						
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:						
Name: Fank Rong	, and together against the						
	· 12- #3						
Address: 3116 Capitrol Circle Callahassee FL 3	2308						
ARTICLE VII INCORPORATOR	29 J						
The name and address of the Incorporator is:							
Name: Chun Ha Wans	3: 27 GADA						
Address: 268 N. Monyac St	†						
Tallahassa FL 3-	<u>4</u> 03						
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cann days after the filing.)							
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.							
Having been named as registered agent to accept service of procest this certificate, I am familiar with and accept the appointment as re							
7	9/28/15						
Required Signature/Registered Agent	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	9/29/11 Date						