

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Anlangh American Association, Inc.

<b>9</b>	
Certificate of Status	0
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## **COVER LETTER**

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

SUBJECT:	Anlangh American Association, Inc.	
-	(PROPOSED CORPORATE NAME ~ MUST INCLUDE SUFFIX)	

enciosed is an original	I and one (I) copy of the A	rticles 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, Output  Certified Copy & Certificate
		ADDITIONAL C	OPY REQUIRED

FROM:	Hachel Siu
	Name (Printed or typed)
	5100 Old Howell Branch Rd
	Address
	Winter Park, FL 32792
	City, State & Zip
	407-679-2433
	2606 Elizateiting Telephone number
	rsiu888@gmail.com

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

E-mail address: (to be used for future annual report notification)

2011 MAR -8 PH 2: 13

	ARTICLES OI In compliance with Ch	F INCORPORA apter 617, F.S., (No	
ARTICLE I The name of the	NAME Anlangh American Amproporation shall be:	Association, I	uc. 2011 MAR -8 PM 2: 13
ARTICLE II	PRINCIPAL OFFICE		Mailing address 16 Jiff month in
	Principal street address		Mailing address, if different is:
	2606 Elizabeth Ave	<del></del>	
	Orlando, FL 32804		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
To promote grievances.	and protect the legitimate Interests To foster a harmonious relationship	and welfare of and cooperat	its members especially in times of ion among Anlangh peoples in America.
ARTICLE IV	MANNER OF ELECTION The mann	er in which the direc	tors are elected and appointed:
The director	s are elected by the members.		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
			itle: Thang Kim Khai, secretary
Address:	2606 Elizabeth Ave	Address:	1507 Michigan St. Apt A
	Orlando, FL 32804		Winter Park, FL 32789
Name and	Title: Thang Lam T. Pau, treasurer	Name and T	itle:
Address:	3222 Clay Ave Apt 29	Address:	
	Orlando, Fl. 32804		
Name and	Title:	Name and T	itle:
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptab	le) of the registered a	agent is:
Name:	Do Kap Pau, president		
Address:	2606 Elizabeth Ave		
	Orlando, FL 32804		
ARTICLE VII	INCORPORATOR	<del></del>	
The name and a	ddress of the Incorporator is:		
Name:	Do Kap Pau, president		
Address:	2606 Elizabeth Ave		
	Orlando, FL 32804		
		<del></del>	

certificate, I amfamiliar with and accept the appointment as registered agent and agree to act in this capacity

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this