

NA230000015242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

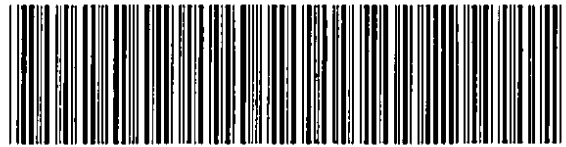
(Business Entity Name)

(Document Number)

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[Signature]
12/27/23

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Juming Delmas

Address: 914 Railroad Ave Suite #22

Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juming Delmas

Address: 914 Railroad Ave Suite #22

Tallahassee, FL 32310

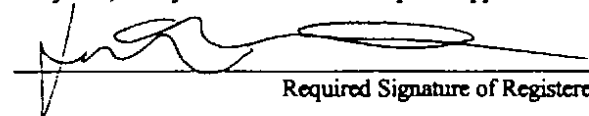
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 of Registered Agent

12/27/2023
Date

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


Required Signature of Incorporator

12/27/2023
Date

STATE
FEB 11 2024
11:30