

TRANSMITTAL LETTER
P00000006558

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

SUBJECT: DAYU Intelligent Systems, Inc
(Proposed corporate name must include suffix)

900003096989--4
-01/13/00--01010--010
*****87.50 *****87.50

Enclosed is 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: SHERMAN X. BAI
Name (Printed or typed)

1109 SW 82 Terrace
Address

Gainesville, FL 32607
City, State & Zip

352-332-5901
Daytime Telephone number

FILED
00 JAN 13 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1-21
WC

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: DAYU INTELLIGENT SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1109 SW 82 Terrace, Gainesville, FL 32607

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Sherman X. Bai
1109 SW 82 Terrace, Gainesville, FL 32607

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sherman X. Bai
1109 SW 82 Terrace, Gainesville, FL 32607.

Sherman Bai
Signature/Incorporator

1/10/00
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Sherman Bai
Signature/Registered Agent

1/10/00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA