

TRANSMITTAL LETTER

**P01000089647**

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

SUBJECT: EMPIRE PRIMA ESTATES FINANCING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004577936--4  
-09/10/01-01076--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed are 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: PETER G. CHOW  
Name (Printed or typed)

7784 HARBOUR BOULEVARD  
Address

MIAMI, FL 33023  
City, State & Zip

954-243-7784  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 10 PM 2:27

**FILED**

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

T. Burch SEP 12 2001



# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

EMPIRE PEAK ESTATE FINANCING, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7784 HARBOUR BOULEVARD  
MIAMI, FL 33023

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE FINANCING FOR RESIDENTIAL &  
COMMERCIAL PEAK ESTATE

## ARTICLE IV SHARES

The number of shares of stock is:

TEN MILLION (10,000,000)

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PETER G. CHOW  
7784 HARBOUR BLVD.  
MIAMI, FL 33023

CHAIRMAN & CHIEF EXECUTIVE OFFICER

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PETER G. CHOW  
7784 HARBOUR BOULEVARD  
MIAMI, FL 33023

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PETER G. CHOW  
7784 HARBOUR BLVD.  
MIAMI, FL 33023

\*\*\*\*\*  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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