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TRANSMITTAL LETTER

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

SUBJECT: SUN WI	ING INC.			
		e name - must include	autix)	
Enclosed is an original	and one (1) co	ov of the articles on	f incorporation and a	check
for:	▼ \$78.75		\$ 131.25	
FROM:	كالتساد والمراجع المراجع المرا	WING LOK LI		
		PTON LANDING DR.	E	
	TA GIVE ON	Address		
		NVILLE, FL 32256 Try, State & Zip		
		07) 474-2454		

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

ARTICLES OF INCORPORATION



OF

SUN WING INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be: SUN WING INC.

ARTICLE II PRINCIPAL OFFICE

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

8868 HAMPTON LANDING DR. E, JACKSONVILLE, FL 32256

ARTICLE III SHARES

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

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADURESS

The name and address of the initial registered agent is:

WING LOK LI, 8868 HAMPTON LANDING DR. E, JACKSONVILLE, FL 32256

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation islare):

WING LOK LI, 8868 HAMPTON LANDING DR. E, JACKSONVILLE, FL 32256

ARTICLE VI DIRECTOR/OFFICER

PRESIDENT - WING LOK LI, 8868 HAMPTON LANDING DR. E, JACKSONVILLE, FL 32256

lst	day of	МАХ	
	Win	glole Ci	
		Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name	of the corporation is: SUN WING	INC.
2.	The name	and address of the registered age	nt and office is:
			nt and office is:
	•	WING LOK	J. J.
		(Name)	ING DR. E
	•	8868 HAMPTON LAND	ING DR. E
		(P.O. Box <u>not</u> acc	reptable)
		JACKSONVILLE, FI	32256
		(City/State/Zi	pi
Ha	ving been	named as registered agent and to	accept service of process for the
abo the	ove stated	corporation at the place designated	accept service of process for the d in this certificate, I hereby accept to act in this capacity. I further agree ling to the proper and complete perfor- ccept the obligations of my position
to o	comply wil	th the provisions of all statutes relations	ing to the proper and complete perfor-
85	registered	agent.	cept the congenous of my position
	Mr	in Coleli	-
		(Signeture)	