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TRANSMITTAL LETTER

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

SUBJECT:	Sinoday Health, Inc	æ.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	a check for:			
☐ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status			
FROM:	Chien Lee	· ·	-			
2 2 3 4 1 1 1	Name (Printed or typed)					
	4100 N E 2nd Av	e Suite# 218 Miam	i, F1 33137			
Address						
			<u>a de la companya de</u>			
	с	ity, State & Zip				
	(305) 815-473	$(305) 815-4730^{-} \qquad = \qquad -$				
	Daytim	e Telephone number				

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

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

ARTICLE I NAME

The name of the corporation shall be:

Sinoday Health, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4100 N E 2nd Ave Suite# 218 Miami, F1 33137

ARTICLE III PURPOȘE

The purpose for which the corporation is organized is:

Doing all legal business in Florida

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Boquan He, 4100 N E 2nd Ave Suite# 218 Miami, F1 33137 (Director)

ARTICLE VI REGISTERED AGENT

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

Chien Lee 4100 N E 2nd Ave Suite# 218 Miami, F1 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chien Lee 4100 N E 2nd Ave Suite# 218 Miami, F1 33137

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

Signature/Incorporator

1/28/2004