

P04000076836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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05/10/04 10:10:09 **12,75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 10 PM 4:16

TRANSMITTAL LETTER

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

SUBJECT: Myanmar Gems Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jacqueline PHU
Name (Printed or typed)

5532 Albin Drive
Address

Greenacres FL 33463
City, State & Zip

(561) 868-0872
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be:

MYANMAR Gems Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5532 Albin Drive, Greenactes FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Import + Export + Retail

ARTICLE IV SHARES

The number of shares of stock is:

200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JACQUELINE Phyu President
5532 Albin Drive
Greenactes FL 33463

ARTICLE VI REGISTERED AGENT

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

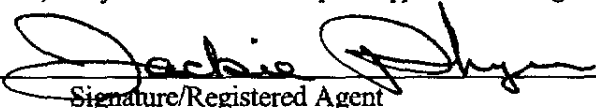
Jacqueline Phyu
5532 Albin Drive
Greenactes FL 33463

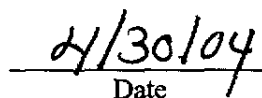
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JACQUELINE Phyu
5532 Albin Drive, Greenactes, FL 33463

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