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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Business Entity Name)			
(Document Number)			
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
7/27/04 Batch Work			
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# Interstate Filing Services Center 18 East Broadway, 6/FL New York, NY 10002

Tel.(212)925-9406

Fax.(212)925-9405

July 26, 2004

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Expedite Handling

# KING BUFFET OF WINTER HAVEN INC.

Dear Mr./Ms.

Enclosed please find a set of Certificate of Incorporation together with a check in amount of \$78.75. (\$70.00 filing fee and \$8.75 for a certify copy of the Certificate of Incorporation).

Please use the enclosed prepaid envelope for the certify copy of the certificate of incorporation.

Should you need any additional information, please do not hesitate to contact me at 212-925-9406.

Very truly yours,

Suring Pun

# TRANSMITTAL LETTER

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

SUBJECT: KING	BUFFET OF WINTER HAVEN IN	C.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an ori	iginal and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
	Internal Control		
FROM:	Interstate Filing Corporation	(Printed or typed)	
		<b>3,</b> ,	
	18 East Broadway, 6/FL		
	· · · ·	Address	
	New York, NY 10002		
	City	, State & Zip	
	212-925-9406		
	Daytime '	l'elephone 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)

04 JIII 28 MH 10: 18

SECRETARY UF STATE TALL AHASSEE, FT ORIDA

## ARTICLE I NAME

The name of the corporation shall be:

KING BUFFET OF WINTER HAVEN INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

870 Cypress Garden Blvd., Winter Haven, FL 33880

## ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Restaurant

#### ARTICLE IV SHARES

The number of shares of stock is: 200 Shares

## INITIAL OFFICERS AND/OR DIRECTORS

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

Yi Jian Wang, President, 870 Cypress Garden Blvd., Winter Haven, FL 33880

Jie Zhang, Vice President, 870 Cypress Garden Blvd., Winter Haven, FL 33880

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Yi Jian Wang, 870 Cypress Garden Blvd., Winter Haven, FL 33880

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martin Wong, 17 East Broadway, #204, New York, NY 10002	
*************	**********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	or the above stated corporation at the place designated in this agent and agree to act in this capacity
Yi Jian Wang	07/26/2004
Signature/Registered Agent	Date
W.	07/26/2004
Signature/Incorporator	Date