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(Re	equestor's Name)	
	, ,	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special instructions to	Filing Officer.	-

Office Use Only



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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

September 6, 2005

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

Re: Expedite Handling

MIKADO SUSHI IN ORLANDO 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, LAHASSEH, FLORE FL

FILED

COVER LETTER

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

SUBJECT: MIKADO SUSHLIN ORL	ANDO INC.	·	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 \$78.75	✓ \$78.75	- □ \$87.50	
Filing Fee Filing Fee	Filing Fee	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy	
		& Certificate of	
	ADDITIONAL CO	Status	
	ADDITIONAL CO	PY REQUIRED	
FROM: Interstate Filing Corporati	on		
Name	(Printed or typed)	PEN E	
18 East Broadway, 6F		# 'E	
	ddress	#1 <u>6 * 1. /* 2</u>	
New York, NY 10002		ET. T	
Clty,	State & Zip	27. A	
The state of the s			
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)
ARTICLE I NAME	and the second s
The name of the corporation shall be:	
MIKADO SUSHI IN ORLANDO INC.	
ARTICLE II PRINCIPAL OFFICE	r sagan nd kilo sovi (- N
The principal place of business/mailing address is:	
12000 Avalon Lake Drive, Sulte H, Orlando, FL 3282	B
ARTICLE III PURPOSE	サ A Made A Zang ang A Language ト カー・ア・
The purpose for which the corporation is organized is:	
Restaurant	
ARTICLE IV SHARES	PER S S
The number of shares of stock is:	AR TO
200 Shares	ASS ASS
ARTICLE V INITIAL OFFICERS AND/OR DIR	ECTORS FO
List name(s), address(es) and specific title(s):	To =
De Shui Lin, 12000 Avalon Lake Drive, Suite H, Orlar Mei Fang Lin, 12000 Avalon Lake Drive, Suite H, Orla	- 11
	COMMANDER CONTROL OF THE STATE
The name and Florida street address (P.O. Box NOT acce	· · · · · · · · · · · · · · · · · · ·
De Shui Lin, 12000 Avalon Lake Drive, Suite H, Orlar	ido, FL 32828
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Martin Mong. 17 Eact Breedway #204 Now York N	Micross M. Cala. M. A. C. Cala. C. Cala
Martin Wong, 17 East Broadway, #204, New York, NY	10002

DE SHW LN	9/2/2005
Signature/Registered Agent	Date
\mathcal{N}_{α}	9/2/2005
Signature/Incorporator	Date
U	