

P07000028811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

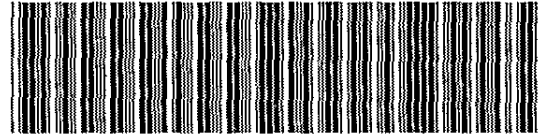
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 MAR -5 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 3/4

COVER LETTER

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

SUBJECT: Lollicup Orlando, 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: John Chung
Name (Printed or typed)

8098 S. Orange Blossom Trail
Address

Orlando, FL 32809
City, State & Zip

407-467-0919
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

The name of the corporation shall be:

Lollicup Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8098 S. Orange Blossom Trail
Orlando, Fl. 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cafe Shop

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

John Chung
3919 Andover Cay Blvd
Orlando, Fl. 32825
President

Angela Vu
3919 Andover Cay Blvd
Orlando, Fl. 32825

ARTICLE VI REGISTERED AGENT

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

Angela Vu
3919 Andover Cay Blvd
Orlando, Fl. 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John Chung
3919 Andover Cay Blvd
Orlando, Fl. 32825

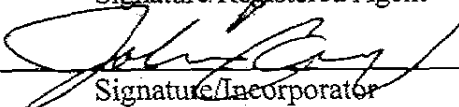
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2-27-07

Date



Signature/Incorporator

2-27-07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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