

P07000032741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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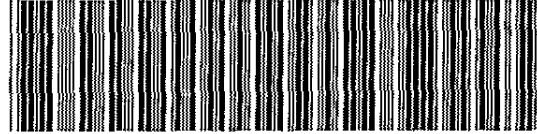
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: WOK HOUSE, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: POMAN NG  
Name (Printed or typed)  
2 MOTT STREET, SUITE 505A  
Address  
NEW YORK, NY 10013  
City, State & Zip  
212-227-3228  
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:

WOK HOUSE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

303 SE 17TH STREET, #103  
OCALA, FL 34471

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

200 NO PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

CAO, LI XI 303 SE 17TH STREET, #103, OCALA, FL 34471

**ARTICLE VI REGISTERED AGENT**

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

CAO, LI XI 303 SE 17TH STREET, #103, OCALA, FL 34471

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

POMAN NG 2 MOTT STREET, STE 505A, NEW YORK, NY 10013

\*\*\*\*\*

*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 famillar with and accept the appointment as registered agent and agree to act in this capacity*

*x Lix Cao*

Signature/Registered Agent

MARCH 2, 2007

Date

*Poman Ng*

Signature/Incorporator

MARCH 2, 2007

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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