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To:

Division of Corporations

Fax Number : (850)205-0381

Account. Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257

Phone

: (850)224-8870

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FLORIDA/PROFIT/NON PROFIT CORPORATION

JADE BISTRO OF FERNANDINA BEACH INC.

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ARTICLES OF INCORPORATION

OF

JADE BISTRO OF FERNANDINA BEACH INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation

ARTICLE | NAME

The name of the corporation shall be: JADE BISTRO OF FERNANDINA BEACH INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11362 SAN JOSE BLVD., #8, JACKSONVILLE, FL 32223

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHAO HANG WANG, 5436 HIDDEN GARDENS DR, JACKSONVILLE, FL 32258

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

SHAO HANG WANG, 5436 HIDDEN GARDENS DR, JACKSONVILLE, FL 32258 ZHE WEN WANG, 11362 SAN JOSE BLVD., #8, JACKSONVILLE, FL 32258

ARTICLE VI OFFICER/DIRECTOR

PRESIDENT ~ SHAO HANG WANG, (75% SHARE), 5436 HIDDEN GARDENS
DRIVE, JACKSONVILLE, FL 32258

_day of ____JUNE

VICE/PRESIDENT - ZHE WEN WANG, (25% SHARE), 11362 SAN JOSE BV., #8, JACKSONVILLE, FL 32223

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

<u>-</u>
<u>G</u>
Signature
Signatura

Signature

Articles of Incorporation Filing Fee - \$35

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

2. The name and	address of the registered agent and office is:	O7 TALI
1.5.2.5 f		
	SHAO HANG WANG	33 = 1
, –	(Name)	SECO -
	5436 HIDDEN GARDENS DR.	PH.
	(P.O. Box not acceptable)	3: 09
	JACKSONVILLE, FL 32258	DF: 0
	(City/State/Zip)	
Having been nam above stated corp the appointment a to comply with the mance of my dution as registered age	ned as registered agent and to accept service of p poration at the place designated in this certificate, as registered agent and agree to act in this capac e provisions of all statutes relating to the proper a es, and I am familiar with and accept the obligation of.	process for the , I hereby accept ity. I further agree and complete perfor- ns of my position