

PO9000075636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

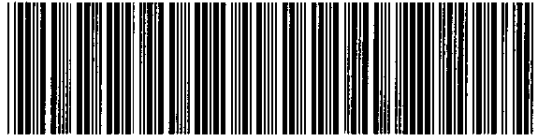
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600160350026

09/10/09--01039--004 \*\*78.75

FILED  
2009 SEP 10 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 11 2009

**Interstate Filing Corporation  
2 Mott Street, Suite 403  
New York, NY 10013**

**Tel.(212)925-9406**

**Fax.(212)925-9405**

September 9, 2009

FL Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Expedite Handling

**NEW COUNTRY BUFFET INC.**

2009 SEP 10 PM 12:23  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

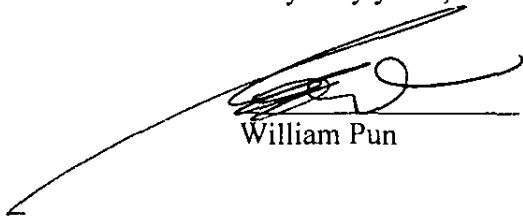
Dear Mr./Ms.

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,

  
William Pun

**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:

NEW COUNTRY BUFFET INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2167 EAST SILVER SPRING BLVD.  
OCALA, FL 34470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BUFFET RESTAURANT

**ARTICLE IV SHARES**

The number of shares of stock is: 200 SHARES NO PAR VALUE

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

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

**ARTICLE VI REGISTERED AGENT**

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

YU ZHENG  
2167 EAST SILVER SPRING BLVD.  
OCALA, FL 34470

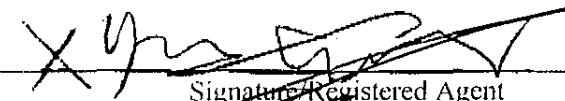
**ARTICLE VII INCORPORATOR**

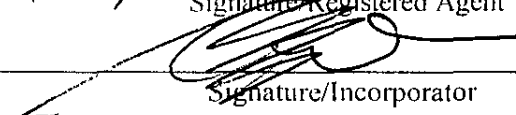
The name and address of the Incorporator is:

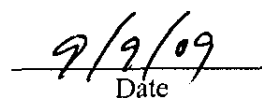
WILLIAM PUN  
2 MOTT STREET, SUITE 403  
NEW YORK, NY 10013

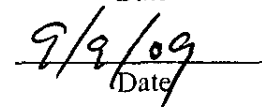
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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