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	(Requestor's Name)				
	(Address)	 			
	(Address)				
,	(City/State/Zip/Phone #)				
	(On protetor Zipri Hone #)				
PICK-UP	P WAIT	MAIL			
	(Business Entity Name)				
	(Document Number)				
Certified Copies	Certificates of 9	Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	QHQ:	s sun,	INC.			
,		(F	PROPOSED C	ORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are	an orio	vinal and o	one (1) copy	of the articl	es of incorporation and	lacheck for
	70.00	☎ \$78 Filing	.75		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		Alpha Chan, CPA				
	Name (Printed or typed)					
		4308 Palm Springs Point				
:		Address				
		Lexin	gton, KY			
	•			City, St	ate & Zip	· · · · · · · · · · · · · · · · · · ·
Tel/Fax: 859-271-4699						
			·	Daytime Tel	nhone 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:	
QHQS SUN, INC.	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	
809 N. Main Street Havana, FL 32333	,
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Restaurant	10 FB
ARTICLE IV SHARES The number of shares of stock is: One Hundred (100)	LED -2 MH: 9 -8885 FLOOR
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Qi H. Sun, President	∰H 50
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the r	egistered agent is:
Qi H. Sun 406 S. US Hwy. 27 Havana, FL 32333	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Qi H. Sun 406 S. US Hwy. 27 Havana, FL 32333	
******************	*********
Having been named as registered agent to accept service of process for place designated in this certificate, I am familiar with and accept the agree to act in this capacity	
x Qi Hony Swn	
Signature/Registered Agent	Date

Date

Qi

Signature/Incorporator