

P100000099182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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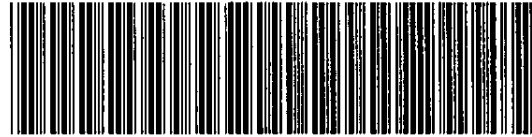
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/24/10--01015--014 **78.75

FILED
10 DEC -6 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

601-557602
PS 12/8/10

COVER LETTER

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

SUBJECT: **SHUANG HE KINGDON TRADE COMPANY**
(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: **WILNER BEAUCHAMP**

Name (Printed or typed)

87 NW 15TH PLACE SUITE 101

Address

POMPANO BEACH FLORIDA 33060

City, State & Zip

754 368-3817

Daytime Telephone number

laluna22458@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2010

WILNER BEAUCHAMP
87 NW 15TH PLACE SUITE 101
POMPANO BEACH, FL 33060

SUBJECT: SHUANG HE KINGDON TRADE COMPANY
Ref. Number: W10000055602

We have received your document for SHUANG HE KINGDON TRADE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 810A00027843

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:

SHUANG HE KINGDON TRADE COMPANY

ARTICLE II PRINCIPAL OFFICE

Principal street address
87 NW 15TH PLACE
POMPANO BEACH FLORIDA
33060

Mailing address, if different is:

P.O. BOX 4431
FORT PIERCE FL 34948

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIMOSE SALOMON
Address: 2621 OLEANDER BLVD
FORT PIERCE FL 34982

Name and Title: _____
Address: _____

Name and Title: WILNER BEAUCHAMP
Address: 6725 WOODS ISLAND CIR
PORT ST LUCIE FL 34952

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: WILNER BEAUCHAMP
Address: 6725 WOODS ISLAND CIR
PORT ST LUCIE FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILNER BEAUCHAMP
Address: 6725 WOODS ISLAND CIR
PORT ST LUCIE FL 34952

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


Required Signature/Registered Agent

12/01/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

WILNER BEAUCHAMP
Required Signature/Incorporator

12/01/10
Date