

P110000042437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

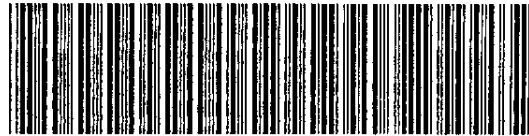
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/11--01009--009 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY - 3 PM 3:29

ATTACHED
FILED

5/4
9/6

COVER LETTER

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

SUBJECT: Lai Chiu 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: Lai Chiu Mak
Name (Printed or typed)
2224 Gulf Gate Dr
Address
Sarasota FL 34231
City, State & Zip
941 922 6765
Daytime Telephone number
artemmoore2002@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

Lai Chio Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2224 Gulf Gate Dr
Sarasota FL
34231

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to own a Chinese restaurant

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lai Chio Mak, President

Address: 6324 Mosby Pl
Sarasota, FL 34231

Name and Title:

Name and Title:

Address:

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:

Address:

Arlene Moore
3205 Southgate Cir #20
Sarasota FL 34235

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Lai Chio Mak
6324 Mosby Pl
Sarasota FL 34231

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

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.

Required Signature/Incorporator

Date

11 MAY - 3 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

4/18/11

4/18/11