P11000057695

(Re	questor's Name)					
(Ad	dress)					
bA)	dress)					
(Cit	y/State/Zip/Phone	⇒ #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



900209097029

06/20/11--01048--001 **70.00



11 JUN 20 AN 9:3



COVER LETTER

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

SUBJECT: FELIXSTAR, INC.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	OPY REQUIRED
FROM: BIN ZHU Name	(Printed or typed)	
3835 PALM BEACH BL	VD. Address	
FORT MYERS FL, 339° City,	16 State & Zip	
239-292-1944 Daytime T	elephone number	
BETTYWOLFE@LIVE.C	OM I for future annual report	notification)
= 11 12.2.2.2. (10 00 db0.		

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 1 NA The name of the corpo							
	RINCIPAL OFFICE Principal street address 5 PALM BEACH BLVD. RT MYERS, FL 33916	•	Mailing address, if different is:				
	IRPOSE h the corporation is organized is: KRETAIL BUSINESS						
ARTICLE IV SI The number of shares							
Name and Title: Address:	ITIAL OFFICERS AND/OR DIRECTOR BIN ZHU, PRESIDENT 3835 PALM BEACH BLVD. FORT MYERS FL 33916	Name Addre	and Title:_ ss: _				
Address:	GARY S WOLFF, V-PRESIDENT 3835 PALM BEACH BLVD. FORT MYERS FL 33916						
Name and Title: Address:		Addre 	and Title:_ ss: _ -				
ARTICLE VI RE	EGISTERED AGENT						
The name and Florida	a street address (P.O. Box NOT acceptable) o	f the regis	tered agent	is:			
Name: Address:	GARY S WOLFE 3835 PALM BEACH BLVD FORT MYERS FL 33916	_					
ARTICLE VII IN	CORPORATOR				Sin		
	s of the Incorporator is:						
Name: Address:	GARY S WOLFE 3835 PALM BEACH BLVD FORT MYERS FL 33916	_ _ _				UN 20	
Havina been mament	k registered agent to accept service of proces	s for the	ahove state	ed cornoration	n at the nloce	dešiona	ted in The
	Miliar with and accept the appointment as re						
	(1)					ιΩ	
	19-: Whi			_	06=15-	<u> 2011</u>	
\ .	Required Signature/Registered Agent				Date	:	•
	nt and affirm that the facts stated herein are					ubmitted	f in a
	(1) (2)					2-16	,
	Required Signature/Incorporator				06-15 - Da	101 J	· · · · ·