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(Re	equestor's Name)			
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(,	··· ,		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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n 06/29/11

COVER LETTER

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

SUBJECT: CYT CONSTRUCTION	INC
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75	\$78.75
Filing Fee Filing Fee	Filing Fee Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy & Certificate of
	Status
	ADDITIONAL COPY REQUIRED
FROM: chong tang	
Name	(Printed or typed)
102 SE 17 AVE	
102 SL 17 AVL	Address
CAPE CORAL FL 3399	0
City,	State & Zip
0404044000	
6464214306 Daytime T	elephone number
Daytine 1	eraphone number
CHONGYUTANG83@Y/	AHOO.COM I for future annual report notification)
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 The name of the	NAME CYT CONSTRUCTIO	ON INC	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		ress, if different is:
	102 SE 17 AVE	102 SE 17 AVE	
	CAPE CORAL FL 33990	CAPE CORAL FL	33990
	· · · · · · · · · · · · · · · · · · ·		
	PURPOSE		
The purpose fo	r which the corporation is organized is:		
provide	- labor, (tile)		
	awanna .	·	
ARTICLE IV The number of (SHARES shares of stock is:100		
The number of s	shares of stock is.100		
	INITIAL OFFICERS AND/OR DIRECT		
	Title: CHONG TANG DIRECTOR		
Address:	1229 SE 24 AVE		9 DEL PRADO BLVD
	CAPE CORAL	CAPE CO	ORAL FL 33990
	FL 33990		
Name and	Title: HAILONG WANG DIRECTOR	Name and Title: ZHENGE	OA LI DIRECTOR
Address:	14630 PALM BEACH BLVD	Address: 1229 SE	24 AVE
	FORT MYERS FL 33909	CAPE C	ORAL FL 33990
Name and	l Title:	Name and Title:	
Address:		A didension	
			· · · · · · · · · · · · · · · · · · ·
	 	 	
ARTICI.E VI	REGISTERED AGENT		AE 1
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	CHONG TANG	of the registered agent is.	
Address:	1229 SF 24 AVF		60 Paren
	CAPE CORAL FL 33990		Control of the Contro
			To R Mi
ARTICLE VII			
i ne <u>name and :</u> Name:	address of the Incorporator is:		
Address:	CHONG TANG 1229 SE 24 AVE		
114410551	CAPE CORAL FL 33990		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	nmed as registered agent to accept service of pro I am familiar with and accept the appointment as		
	yalm -		6/24/2011
	Required Signature/Registered Agent		Date
l submit this de	ocument and affirm that the facts stated herein	are true. I am aware that the fal	se information submitted in a
	Department of State constitutes a third degree fe		
	ρ_{a}		
	digh 7		6/24/2011
	Required Signature/Incorporator		Date