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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: RegionTop International Trading Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED
FROM: <u>Liang Hao Tsang</u> Name	e (Printed or typed)
10985 Mindanao Dr.	Address
Jacksonville, FL 32246 City,	State & Zip
(626) 506 - 1753 Daytime T	`elephone number
gavin_168@hotmail.com E-mail address: (to be use	d 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)

RTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	0985 Mindanao Dr.		· ·
بال	acksonville, FL 32246		20 2
RTICLE III	DIIDDOSE		
	nich the corporation is organized is:		
Export Tradin	g/Management, Import/Export Mo	erchant.	E POINT 2
RTICLE IV	SHARES		
ne number of shar	es of stock is:1000 shares		e e Contraction de la contract
RTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	<i>"</i>
Name and Ti	tle:Liang Hao Tsang / CEO, Treasurer & Sec	retary Name and T	itle: Jing Xu / Director of Board
Address:	10985 Mindanao Dr.	Address:	8433 Southside Blvd. #215
Jacksonville	Jacksonville, FL 32246		Jacksonville, FL 32256
Name and Ti	tle:	Name and 3	Title:
Address:		Address:	
	A second		
			Pid.
Name and Tr	tie:	Name and I	litle:
Address.			
	REGISTERED AGENT	1	
he <u>name and Flor</u> Name:	rida street address (P.O. Box NOT acceptab Liang Hao Tsang		agent is:
Address:	10985 Mindanao Dr.		
714414001	Jacksonville, FL 32246		
RTICLE VII	INCORPORATOR		
ne <u>name and add</u>	ress of the Incorporator is:		
Name:	Liang Hao Tsang	.	
Address:	10985 Mindanao Dr. Jacksonville, FL 32246		
	·	·	
laving been name	ed as registered agent to accept service of p n famili st with and accept the appointment o	rocess for the above as registered agent of	e stated corporation at the place designated and agree to act in this capacity
)			-/./
- h	Required Signature/Registered Agen		7/22/11
	Required Signature/Registered Agen	t	Date
submit this docu	ment and affirm that the facts stated herei	n are true. I am av	ware that the false information submitted in
ocument lethe De	epartment of State constitutes a third degree	felony as provided j	
~ /	V /		7/22/11
/ \/	1. / 1		7/33/11

Required Signature/Incorporator