(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
Soffice Use Only			



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EFFECTIVE DATE |- |- |2

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Kgive out 1 raf Subamuson date

COVER LETTER

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

SUBJECT: FAR EAST ENTERPRISES INC		
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
	ADDITIONAL COLI REQUIRED	
FROM: LASHELLE KEEL	(Printed or typed)	
58 SIOUX CIRCLE		
Address HAVANA, FL 32333 City, State & Zip		
850-539-5171 Daytime Te	elephone number	
ronbenfield@bellsouth.net E-mail address: (to be used for future annual report notification)		

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

10/5/11

I, Tiffang Phan am owner of Far East Enterprises UC (L11000019470)

and fax East Enterpeises Inc (PO1000048571)

Please have them affiliated togethere

Thanks

Sparthe

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

•	in computation with chapter of	DIVISION OF CORPORATIO
ARTICLE I	NAME FAR EAST ENTER	
The name of the o	orporation shall be:	11 OCT -3 PM 3: 35
ARTICLE II	PRINCIPAL OFFICE	
AKIICIDII	Principal street address	Mailing address, if different is:
•	3425 THOMASVILLE RD UNIT 17	3425 THOMASVILLE RD UNIT 17
	TALLAHASSEE, FL 32309	TALLAHASSEE FL 32309
_		
ARTICLE III	DIIDDOCE	
	which the corporation is organized is:	
RESTAURA		
		e tatum
		EFFECTIVE DATE - 1-12
		EFFECTIVE DY 12 1
		the second of th
ARTICLE IV	SHARES	
	res of stock is:100	
	INITIAL OFFICERS AND/OR DIRECTION	
	THE: I FFANY PHAN - PRESIDENT	Name and Title:
Address:	3425 THOMASVILLE RD UNIT	1/ Address:
	TALLAHASSEE, FL 32309	***
	itle:	Name and Title:
Address:	war and a second	Address:
Name and T	itle·	Name and Title:
Address:		
ADTICI E III	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	LASHELLE KEEL	, 01 210 105.000.00 485.00 10.
Address:	58 SIOUX CIRCLE	
	HAVANA FL 32333	· · · · · · · · · · · · · · · · · · ·
ADDICE B ITT	**************************************	
ARTICLE VII	INCORPORATOR	
Name:	dress of the Incorporator is:	
Address:	LASHELLE KEEL	
Aguress:	58 SIOUX CIRCLE	
FEFFARIA	HAVANA FL 32333	
Having been nam	ed as registered agent to accept service of m	ocess for the above stated corporation at the place designated in
this certificate, I ai	m familiar with and accept the appointment a	s registered agent and agree to act in this capacity
- '	MMILL	
	Jugory -	9/30/2011

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.

drimeni of State constitutes a tutra degree fetony as provided for in \$.817.155, F.S.

Required Signature/Incorporator

Required Signature/Registered Agent

9/30/2011