

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Emily Humb)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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WH762182



## FLORIDA DEPARTMENT OF STATE Division of Corporations

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12 JAN -3 AM 10: 10

SECRETARY OF STATE TALLAHASSEE FLORIDA

December 14, 2011

**BAOLONG SHENG** 77 ROCK COVE CT SANFORD, FL 32773

SUBJECT: SINCERELY VACATIONS

Ref. Number: W11000062182

We have received your document for SINCERELY VACATIONS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith

Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

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

SUBJECT: Sincerely Vacations Inc	•,	
(PROPOSED CORPORAT	E NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the articl	es of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	OPY REQUIRED
FROM: BAOLONG SHENG Name (	Printed or typed)	
77 ROCK COVE CT	Idress	A
SANFORD FL 32773	tate & Zip	<u></u>
407-802-6986  Daytime Tel	ephone number	
CHENGA1688@GMAIL.C E-mail address: (to be used	OM for future annual report	notification)

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## ARTICLES OF INCORPORATION

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

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ADDIOLE I	NA NATA		12 JAM - 2 LU 1- 20		
ARTICLE I The name of the cor	NAME SINCERELY VACATION Shall be:	ONS INC			
	•				
ARTICLE II	PRINCIPAL OFFICE	3.4 M'	11 10 1100 1		
7	Principal street address	Mailin	g address, if different is:		
	7 ROCK COVE CT ANFORD FL 32773				
2	ANFORD FL 32773	Ψ			
			AND THE PARTY OF T		
ARTICLE III					
	nich the corporation is organized is:				
TOURS VAC	ATIONS AND TRANSPORTATION				
ARTICLE IV					
The number of shar	es of stock is:1,000,000				
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	)RS			
	ile:BAOLONG SHENG-PRESIDENT				
Address:	77 ROCK COVE CT				
	SANFORD FL 32773		·		
		<del></del>			
Name and Tit	ut	Nome and Titles			
Name and 111 Address:	lie:	Name and Title:			
Address.		Addicss.			
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ARTICLE VI	<u>REGISTERED AGENT</u>				
The name and Flor	ida street address (P.O. Box NOT acceptable)				
Name:	BAOLONG SHENG				
Address:	77 ROCK COVE CT				
	SANFORD FL 32773				
ARTICLE VII	INCORPORATOR				
	ress of the Incorporator is:				
Name:	BAOLONG SHENG	<del></del>			
Address:	77 ROCK COVE CT	<del></del>	•		
	SANFORD FL 32773	<del></del>			
Haring hoon name	d as registered agent to accept service of proce	oss for the above stated co	reporation at the place designated in		
	a as registered agent to accept service by proce I familiar with and accept the appointment as re				
ino cernyicute, a un	- <i>f</i>				
	Baolina Shins		12/20/201		
	Bowling Shus Required Signature/Registered Agent		Date		
	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.					
	n / o		12/20/- 00		
	Required Signature/Incorporator	<u></u>	12/20/201		
	Required Signature/Incorporator	<del></del>	/ Date		