

P12000024604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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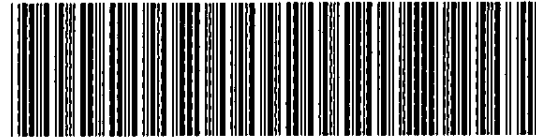
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
12 MAR 13 AM 9:45

FILED  
12 MAR 13 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

## COVER LETTER

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

SUBJECT: **NAANG LEM VUM, INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **LASHELLE KEEL**

Name (Printed or typed)

**58 SIOUX CIRCLE**

Address

**HAVANA, FL 32333**

City, State & Zip

**850-539-5171**

Daytime Telephone number

**lbkacct@att.net**

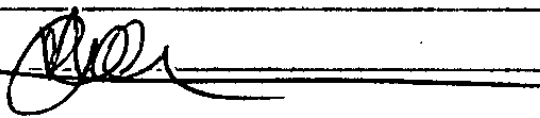
E-mail address: (to be used for future annual report notification)

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

I Vungh Kap Go, President of

Naang Lem Vum Inc (PO3000045646) have no

intention of reinstating this corporation

\_\_\_\_\_

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** NAANG LEM VUM, INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1112 S MAGNOLIA DR A-107  
TALLAHASSEE, FL 32301

Mailing address, if different is:  
1112 S MAGNOLIA DR A-107  
TALLAHASSEE, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
SUSHI PREPARER

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YUNGH KAP GO - PRESIDENT  
Address: 1112 S MAGNOLIA DR A-107  
TALLAHASSEE, FL 32301

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LASHELLE KEEL  
Address: 58 SIOUX CIRCLE  
HAVANA, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LASHELLE KEEL  
Address: 58 SIOUX CIRCLE  
HAVANA, FL 32333

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/11/12

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.



Required Signature/Incorporator

03/11/12

Date

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TALLAHASSEE, FL  
SECRETARY OF STATE