

712000 042924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

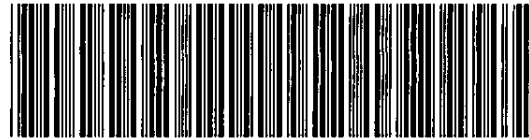
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600234659036

RECEIVED MAY 7 2012

05/08/12--01005--011 **87.50

2012 MAY -7 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

J. Shivers MAY 08 2012

COVER LETTER

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

SUBJECT: YJ WESTLAND, 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: ROY K. CHAN, CPA
Name (Printed or typed)

1619 W. GALBRAITH RD., PO Box 317770
Address

CINCINNATI, OHIO 45231
City, State & Zip

513-851-5720
Daytime Telephone number

roykchan@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY -7 AM 11:11

FILED

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 NAME

The name of the corporation shall be: YJ WESTLAND, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1675 West 49th Street
EC-1
Hialeah, FL 33012

Mailing address, if different is:

c/o Roy K. Chan, CPA
PO Box 317770
Cincinnati, OH 45231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which a corporation may be formed in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jie Lin President
Address: 931 Mound Street
Cincinnati, OH 45203

Name and Title: _____
Address: _____

Name and Title: Hai Lin Secretary/Treasurer
Address: 931 Mound Street
Cincinnati, OH 45203

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: Tomas L. Martinez
Address: 6917 NW 173rd Dr #208
Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hai Lin
Address: 931 Mound Street
Cincinnati, OH 45203

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

x Tomas L. Martinez
TOMAS L. MARTINEZ Required Signature/Registered Agent

x 5/3/12
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.

x HAI LIN
Required Signature/Incorporator

x 5/2/12
Date

FILED
2012 MAY -7 AM 11:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE