## P/300002/036

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT .	MAIL
: (Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	· .
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Office Use Only



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The 03/06/13

## **COVER LETTER**

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

SUBJECT:	lative Food	s, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED
FROM:	9556 Apalach	e (Printed or typed)  ee Parkwa  Address	<u> </u>
<u>.</u>	Tallahassee,	Florida 3 State & Zip	2311
		retepnone number	·
	junweilu 7@ 0  E-mail address: (to be use	ed 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)

The name of the corpora		Foods,	Inc.	
ARTICLE II PR	INCIPAL OFFICE Principal street address		Mailing address, if different	is:
9556 Ap	alachee Pkwy	<del></del>		
Tallaha	ssee, FL 32311			<del></del>
ARTICLE III PUF The purpose for which	RPOSE the corporation is organized is:			
		y, specia	lizing in sma	sking
meat as	ocessing busines of pailtry pr	oducts, in	cluding San	10m
	ARES f stock is: 100			
The number of shares o	f stock is:			Noise st. 1
	TIAL OFFICERS AND/OR DIR		D 40	Director
Name and Titl		resident and Tit	le: Kaymond 1	-echnery
Address	9556 Apalachee	Address:	216 Lake Ho	all Kd
	Tallahassee, 1	/ ' '	Tallahassee,	FL32302
	(850)510-513	<u>2</u> 11 Director	(850) 702 -6	646
Name and Title	: Yanhua Deng/	/	le:	
Address	9556 Apalachee 8	Wy Address:		
	Tallahassee, FL	32311.		
	(850) 656-6663			3 -
			<u>~</u> # >> ∽;	
	e:		le: Care	
Address		Address:	FLOR	
			Z D	<u> </u>

Name and Title:	Name and Title:
Address	Address:
	<u> </u>
ARTICLE VI REGISTERED AGENT	•
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name: Junwer Lu	
Address: 9556 Apalach	ee Pkury
Tallahassee, Pl	orlda 32311
ARTICLE VII INCORPORATOR	·
The name and address of the Incorporator is:	
Name: Junwer Lu	
Address: <u>9556 Apalack</u> Tallahames Fl	ee Pkwy
Tallahassee, Fl	orida 32311.
this certificate, I am familiar with and accept the appo	vice of process for the above stated corporation at the place designated in intiment as registered agent and agree to act in this capacity
gand Lu	03/06/2013
Required Signature/Register	red Agent Date
I submit this document and affirm that the facts stat document to the Department of State constitutes a thir	
Jana Fu Required Signature/Incor	03/06/2013
Required Signature/incor	porator Date

13 MAR -6 PM 4: 56
SECRETARY OF STATE
FALLAHASSEE, FLORIDA