

P13000068574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

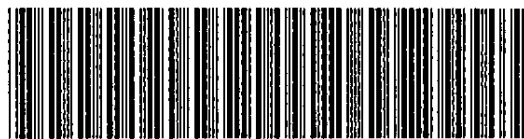
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG 16 PM 4: 46
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T Burch AUG 2 1 2013

COVER LETTER

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

SUBJECT: **ASKA WHOLESALE TAMPA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **VASCAL CHON**

Name (Printed or typed)

3748 CHAMBLEE DUNWOODY RD

Address

ATLANTA, GA 30341

City, State & Zip

770-455-9091

Daytime Telephone number

kimchoicpa.kim@gmail.com

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

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

ARTICLES OF INCORPORATION

I.

The name of the corporation:
ASKA WHOLESALE TAMPA, INC.

II.

The street address of principal office:
8302 N. Florida Ave., Ste 102, Tampa, FL 33604
Mailing address of principal office
3748 Chamblee Dunwoody Rd., Atlanta, GA 30341

III.

Purpose for which corporation is formed:
Operating business of wholesale cell phone accessory

IV.

Number of shares the corporation is authorized to issue: 1,000

V.

The name of the officer and title:
Vascal Chon, CEO
The street address of officer:
8302 N. Florida Ave., Ste 102, Tampa, FL 33604

VI.

The name of the Registered Agent:
Vascal Chon
The street address of Registered Agent:
8302 N. Florida Ave., Ste 102, Tampa, FL 33604

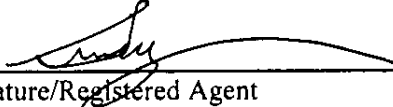
VII

The name of the Incorporator:
Vascal Chon
The street address of Incorporator:
8302 N. Florida Ave., Ste 102, Tampa, FL 33604

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TALLAHASSEE, FLORIDA

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 the capacity

8/14/2013



Signature/Registered Agent

Vascal Chon

Print Name

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/14/2013



Signature/Incorporator

Vascal Chon

Print Name