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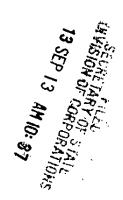
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COVER LETTER

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

SUBJECT: CON CORPOSED 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

Certificate of Status

ADDITIONAL COPY REQUIRED**

FROM: Wen Cui Ly

Name (Printed or typed)

5371 New Coving for Dr

Address

Address

City. State & Zip

Outle Grinted or typed)

City. State & Zip

Daytime Telephone number

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

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 NAM The name of the corporat		vi Vuan	Zhan	g Cor	porafo	<u>a</u>
	NCIPAL OFFICE Principal street addr	1		Mailing address,	if different is:	
3224 9°s Soras 64	If Sate	<u>Ur</u> 34231				
ARTICLE III PURI The purpose for which the	- · · · · · · · · · · · · · · · · · · ·	anized is: to	Opera		Full s	
					13 SEP -	TO NOISINE
ARTICLE IV SHA The number of shares	stock is:	ND/OR DIRECTO	RS President		3 AM 10: 37	RY OF STATE CORPORATIONS
Name and Title Address	5371 Wes	o Corington	Name and Title Address:			
Name and Title:	Wen Co 5371 Ne Sarasúte	Ly V'' Less Coving for FL 342	Ce Vres. lend Name and Title Address:			
Name and Title:						

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) or	f the registered agent is:
Name: Arlene Moore EA Address: 2937 Bee Ridge Rd Seraseta FL 3423	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Name: Wen Cu: Lu Address: 5371 New Century Saxasota Fc 342	33-2999 F Dr
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered Required Signature/Registered Agent	
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S. Date