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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2013

HSI MING CHEN 6902 N. KENDALL DR., APT.E205 MIAMI, FL 33156

SUBJECT: EVER FUN INC. Ref. Number: W13000053900

We have received your document for EVER FUN INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 413A00022793

COVER LETTER

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

SUBJECT: EVE	ER FUN INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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
	ver Fun Inc. Name 1902 N. Kendall D	e (Printed or typed) r. Apt. E205	
		Address	
<u>M</u>	iami, FL. 33156	0 0 7.	
<u>(7</u>	86) 942 5688	State & Zip elephone number	
ev	erfuninc@gmail.co	M d 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 corporat	ion shall be: EVER FUN INC.		·
ARTICLE II PRII	NCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	all Dr. Apt. E205		
Miami, FL: 33	156		
•			S22 0 11
ARTICLE III PURI	POSE ne corporation is organized is: Internat	ional electro	nics goods & parts treding
	d Customers services.		03
Oonsulling and	u Oustomers services.		2> 60 to
ARTICLE IV SHA The number of shares of:	RES 100		
	Chailleaille. / Drasidan		Hoi Ming Chan / V. Drocident
Name and Title	Shei Huei Hsu / Presiden	$\frac{I}{}$ Name and Title	Hsi Ming Chen / V. President
Address	6902 N. Kendall Dr.	_ Address:	6902 N. Kendall Dr.
	Apt. E205	_	Apt. E205
	Miami, FL. 33156	_	Miami, FL. 33156
Name and Title:		_ Name and Title	·
Address		Address:	
		_	<u></u>
			
Name and Title:		_ Name and Title	:
Address		Address:	
		==	

Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Hsi Ming Chen Address: 6902 N. Kendall Dr. Apt. E205 Miami, FL. 33156 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Shei Huei Hsu Address: 6902 N. Kendall Dr. Apt. E205 Miami, FL. 33156 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 10/7/2013 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the fatse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/7/2013 Date	Name an	d Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Hsi Ming Chen 6902 N. Kendall Dr. Apt. E205 Miami, FL. 33156 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Shei Huei Hsu 6902 N. Kendall Dr. Apt. E205 Miami, FL. 33156 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 in appointment as registered agent and agree to act in this capacity 10/7/2013 Required Signature Registered Agent 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.	Address		Address:
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Name: Shei Huei Hsu 6902 N. Kendall Dr. Apt. E205 Miami, FL. 33156 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 10/7/2013 Required Signature/Registered Agent 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 degrée felony as provided for in s.817.155, F.S. 10/7/2013	ARTICLE VII	INCORPORATOR	
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document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/7/2013		Required Signature/Registered Agent	Date
10/7/2013	I submit this doc document to the I	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a same as provided for in s.817.155, F.S.
Required-Signature/Incorporator Date		Mad	•
		Required Signature/Incorporator	Date