P1400008188

| (Requestor's Name) | |
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| (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: | |
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Office Use Only



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14 JAH 21 PH 4: 06

1/28/14

COVER LETTER

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

ì

| SUBJECT: | Edin Jaxi | 20 | | |
|-------------------------|--|--|--|-------------------------|
| | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the arti | 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 | DPY REQUIRED | |
| | | | | |
| FROM: | Dwy Hwynh Name | (Printed or typed) | | |
| | 1729 Pinyon Pig | d digress | | _ |
| | Sarasota FLity, | <u>34240</u> State & Zip | o'll dead (Mills and Mills | 14 JAN 21 |
| | 741 320 7646 Daytime T | elephone number | | PH 4: 06 |
| _1 | | GAICAST. NOT d for future annual report | notification) | TATE RATIONS : 06 |

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)

| , | In compliance with Chapter 607 and | or Chapter 621, | F.S. (Profit) FILED SECOND TO THE PROFIT OF |
|-------------------------|--|------------------|---|
| ARTICLE I NAM | ne ition shall be: Ediv Jax ov | inc. | F.S. (Profit) FILED SECKLIARY OF STATE DIVISION OF CORPORATIONS |
| | NCIPAL OFFICE | 1 | 14 JAN 21 PM 4: 07 |
| | Principal street address | | Mailing address, if different is: |
| 1729 Pin | you Pine &c | | |
| Salasofa | FL 34240 | • | |
| | , | | |
| ARTICLE III PUR | POSE | ^ | |
| The purpose for which t | he corporation is organized is: | sign and | produce a higher |
| grade of el | ectrical devices for a | consimerate | and residential |
| Market. | | | |
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| ADTICLE III CIL | un ma | | |
| The number of shares of | tres stock is: | | |
| | | | , |
| ARTICLE V INI | TIAL OFFICERS AND/OR DIRECTOR | <u>:S</u> | dall of Dea Josepha |
| Name and Title | : Duy Huynn / pach | Name and Title | e: Arthur J Duffy / partner 3318 Cheshire In apt c |
| Address | \$ 1729 PINON PINE de | Address: | 3318 Cheshire In apt c |
| | Suraso-la FL 34240 | _ | Same of 31237 |
| | | _ | |
| Name and This | | Ni I Thi | |
| | : | | e: |
| Address | | _ Address: | |
| | · ———————————————————————————————————— | - | · |
| | | _ | |
| | | | |
| Name and Title | : | _ Name and Title | e: |
| Address | | _ Address: | <u>, </u> |
| | | _ | |
| | / | | • |

| Name: | Duy Huynh |
|----------|--------------------------|
| Address: | 1729 Pine-Dinyon Dine de |
| | Barasota IL 34240 |

ARTICLE VII INCORPORATOR

| The maine and ad- | of the incorporator is. |
|-------------------|-------------------------|
| Name: | Due Harry |
| Address: | 1729 Pinyon line or |
| | Sarasata IL 347.40 |

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

Required Signature/Registered Agent 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.

Required Signature/Incorporator

1/17/14 Date

NVISION INTERPRETATIONS

14 JAN 21 PM 4: 07