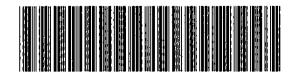
P14000044331

(Requestor's Name)				
(Address)				
(Address)				
· . (Cit	ry/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2014

VIVIAN LI 24 W. ST. JOSEPH STREET, #A ARCADIA, CA 91007

SUBJECT: EASY-GO INC. Ref. Number: W14000028301



We have received your document for EASY-GO INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an individual sign for the Entity listed as Registered Agent. An Entity cannot sign for itself.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 614A00009562

COVER LETTER

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

SUBJECT:	Easy-go			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status	
	ADDITIONAL COPY REQUIRED			
PD 014	V. Can	1 .		
FROM: Vivian Li Name (Printed or typed)				
	24 W. st. Joseph			
Arcadia, cA 91007 City, State & Zip				
Daytime Telephone number				
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
In compilance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME	T	
The name of the corporation shall be:	Easy-go Ine	
ARTICLE II PRINCIPAL OFFI	<u>CE</u>	
Principal street	address	Mailing address, if different is:
24 W. St. Joseph street	# A	
Arcadia, CA 9100		
ARTICLE III PURPOSE		
The purpose for which the corporation i	organized is:	
Online	Travel Agent	
		E8 7
		/= () ≥ /?! :ze
ARTICLE IV SHARES	000,000	
The number of shares of stock is:	,000,000	
		つご
	RS AND/OR DIRECTORS	AGIS AGIS
Name and Title: Weiyi	i president Name	e and Title:
Address 24 W.	8t Joseph street #A Addr	ess:
Arcadi	. CA91007	
	<u></u>	
Name and Title:	Name Name	e and Title:
Address	Addr	ess:
	· · · · · · · · · · · · · · · · · · ·	
Name and Title:	Nam-	e and Title:
Address	Addr	ress:
		

Name ar	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	C T Corporation System	
Address:	1200 South Pine Island Road	- 141 352 4
	Plantation, FL 33324	- EAR MAY TI
ARTICLE VII	INCORPORATOR	ILED ARY OF STATE ASSEE, FLORIDA
The name and a	ddress of the Incorporator is:	7: 4: 7: 43
Name:	weixilli president	- 'A'' ' ' 3
Address:	Weiyi Li president 24 W. St. Joseph street #A: Arcadia, CA 91007	_
	Arcadia, CAPIDOT	_
Having been nathis certificate, I	am familiar with and accept the appointment as reg	is for the above stated corporation at the place designated in gistered agent and agree to act in this capacity Sierra Burris Vice President & Assistant Secretary 5-13-2019
	Required Signature/Registered Agent	Date
I submit this do		true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	Mall	5/13/2014
· · · · · · · · · · · · · · · · · · ·	Required Signature/Incorporator	ψate

TARE ARTHOUGH Historia Planton Calena