

P14 000055273

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000150502 3)))



H140001505023ABCS

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To: Division of Corporations
Fax Number : (950) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 23 AM 10:55

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ORIENTAL PRINCESS SPA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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6/26/14

H14000150502

(X)

COVER LETTER

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

SUBJECT: Oriental Princess Spa, 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 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 COPY REQUIRED

FROM: Qi Shunmei
Name (Printed or typed)
1815 E Commercial Blvd., #104
Address
Fort Lauderdale, FL 33308
City, State & Zip
349-859-7108
Daytime Telephone number
incinternationalgroup@gmail.com
E-mail address: (to be used for future annual report notification)

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

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14 JUN 23 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



June 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ORIENTAL PRINCESS SPA, INC.
REF: W14000039571FILED
14 JUN 23 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

It appears that you may have reversed the first and last name when typing the name as a signature in the incorporator and/or registered agent signature block.

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

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000150502
Letter Number: 214A00013770

P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED
14 JUN 25 AM 4:10
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME
The name of the corporation shall be: Oriental Princess Spa, Inc.

14 JUN 23 AM 10: 55

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1815 E Commercial Blvd., #104
Fort Lauderdale, FL 33308

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: services

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Qi Shunmei, President

Name and Title: _____

Address 1815 E Commercial Blvd., #104
Fort Lauderdale, FL 33308

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Qi Shunmei
Address: 1815 E Commercial Blvd., #104
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Qi Shunmei
Address: 1815 E Commercial Blvd., #104
Fort Lauderdale, FL 33308

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

X Shunmei Qi _____ 06/25/14
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 §817.155, F.S.

X Shunmei Qi _____ 06/25/14
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA

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