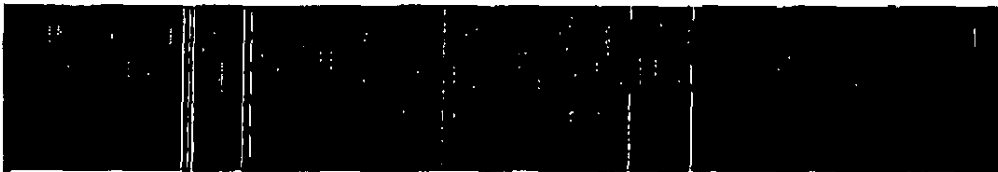


P15000001872

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000005303 3)))



**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : RACHEL SIU  
Account Number : 120010000073  
Phone : (407)679-2433  
Fax Number : (407)671-4352

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN - 7 AM 11:11

APPROVED  
AND  
FILED

**\*\*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**

**Tai Won Chinese Restaurant Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN - 7 PM 4:46

RECEIVED

**COVER LETTER**

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

**SUBJECT: Tai Won Chinese Restaurant, 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: Rachel Siu**

Name (Printed or typed)

**5100 Old Howell Branch Rd**

Address

**Winter Park, FL 32792**

City, State & Zip

**407-679-2433**

Daytime Telephone number

**RachelSiuCPA@yahoo.com**

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 compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JAN -7 AM 11:12

**ARTICLE I NAME**

The name of the corporation shall be:

**Tai Won Chinese Restaurant, Inc.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**2125 Americana Blvd**

**Orlando, FL 32839**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**to conduct business in general.**

**ARTICLE IV SHARES 1,000**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Wen Cheng Lu**

Name and Title: \_\_\_\_\_

Address: **4148 Winderlake Drive**

Address: \_\_\_\_\_

**Orlando, FL 32835**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

APPROVED  
AND  
FILED 2004

15 JAN -7 AM 11:12 (cont.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Wen Cheng Lu  
Address: 4148 Winderlake Drive  
Orlando, FL 32835

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Wen Cheng Lu  
Address: 4148 Winderlake Drive  
Orlando, FL 32835

*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 Wen Cheng Lu  
Required Signature/Registered Agent

1/7/2015  
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.*

+ Wen Cheng Lu  
Required Signature/Incorporator

1/7/2015  
Date